

THE COMMONWEALTH OF MASSACHUSETTS

COMMISSION ON LESBIAN, GAY, BISEXUAL,
TRANSGENDER, QUEER, AND QUESTIONING
YOUTH

ANNUAL POLICY RECOMMENDATIONS

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LETTER FROM OFFICERS OF THE COMMISSION

In the two decades since a Commission assessing the needs of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth was first established in Massachusetts, we have witnessed substantial improvement for LGBTQ people in access to services, legal protections, and visibility. Despite these advances, widespread social, economic, and health disparities persist for LGBTQ youth in the state. As the first and only state agency in the nation with a mandate to advocate effective policies, programs, and resources for LGBTQ youth, we continue to admire their resiliency and remain committed to promoting their wellbeing.

This document contains annual policy and program recommendations intended to provide Massachusetts policymakers with a roadmap to better meet the needs of LGBTQ youth in Fiscal Year 2015. With Governor Deval L. Patrick's leadership, we have an opportunity to further establish policies and programs across state agencies so that all young people in Massachusetts reach their full potential. We have worked hard to strengthen our partnerships with state agencies, as exemplified by our collaborative efforts in the inter-agency geomapping project and by the new Memorandum of Understanding with the Department of Elementary and Secondary Education. Expanded funding from the Massachusetts Legislature has likewise augmented the Commission's capacity to provide training and technical assistance to bring all schools into compliance with the state's bullying prevention and gender identity laws, and to ensure the safety of LGBTQ youth in our education system.

LGBTQ youth live in urban and rural neighborhoods across Massachusetts; they are of all races, physical and mental abilities, nationalities, socio-economic backgrounds, religious backgrounds, and families. In our work, we strive to recognize the needs of LGBTQ youth who experience intersecting forms of inequality. In examining disparities and opportunities for policy change, we have identified state agencies not traditionally associated with LGBTQ youth, but who in fact serve and can improve the state's support of this population. Partnerships with agencies responsible for transportation, refugee support, housing, disability services, and the workforce will foster broad benefits for LGBTQ youth beyond the arenas of education and health.

Recent progress has been encouraging. With focus, determination, and dedicated resources, we can continue to close gaps and address disparities that have lingered too long. To meet the urgent needs that remain, all parties must coordinate to fashion policies that meaningfully reduce the institutionalized inequalities that we know differentially impact LGBTQ youth populations. This is especially critical for youth who are of color, who are transgender, who reside in rural areas, and/or who are living in out-of-home settings.

We look forward to completing our work. Indeed, sustained advancement of health, safety, and educational outcomes for LGBTQ youth in Massachusetts is on the horizon. Together, we can foster an environment where all youth in the Commonwealth can thrive.

Sincerely,

Julian Cyr, Chair
Erika J. Rickard and Alexis Yioulos, Vice Chairs

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WHO WE ARE

Enabling Statute and Structure

The Massachusetts Legislature established the Massachusetts Commission on Gay and Lesbian Youth in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67), replacing the earlier Governor's Commission created in 1992. The Commission's leadership includes a Chair, two Vice Chairs, and an Executive Committee. Commission members, representing twelve key public education, public health, and LGBTQ organizations and every state region, are inducted for two-year terms. Up to 50 members may be appointed to the Commission.

The Commission has since adjusted its name to more fully reflect the youth it serves. As of 2013, we are the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth.

Values

The Commission is committed to the elimination of disparities in health, wellness, and achievement outcomes for LGBTQ youth, and to ensuring access to services for LGBTQ youth in all life arenas, including physical and mental health, education, social services, housing, and employment. Information from providers who serve LGBTQ populations, LGBTQ youth themselves, and state and national surveillance data indicates that LGBTQ youth are a vulnerable population, with transgender youth and youth of color facing unique challenges.¹

Strategy

The recommendations for Fiscal Year 2015 (FY2015) set forth in this publication are intended to guide Massachusetts state agencies toward policies and practices that are responsive to the needs of LGBTQ populations from infancy to young adulthood in the Commonwealth. The Commission is committed to working collaboratively with state agencies to assist in the implementation of these recommendations, and will monitor and report on progress made toward their implementation. Individual members of the Commission are designated as liaisons to each agency; these liaisons are able to provide support and guidance as agencies develop and implement plans to more effectively serve LGBTQ youth.

¹ Institute of Medicine, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press; Consolación, T., Russell, S., & Sue, S. (2004). Sex, race/ethnicity, and romantic attractions: Multiple minority status adolescents and mental health. *Cultural Diversity & Ethnic Minority Psychology*, 10(3), 200-214; Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G.W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to- female transgender youth. *Journal of Adolescent Health*, 38(3), 230-236; Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 187-199; O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology*, 33(1-2), 37-49.

Defining Target Populations (see Glossary for Terms)

When discussing LGBTQ youth as a population, it is important to recognize that young people, particularly young people of color, may not fit or define themselves according to prevailing definitions of lesbian, gay, bisexual, or transgender.² These youth may not use the terms “lesbian,” “gay,” or “bisexual” to identify themselves or their sexuality, although they may be engaging in same-sex sexual or romantic relationships. Additionally, young people may or may not identify themselves as “youth.” While we respect the definitions of youth used by individual agencies, we use the term here broadly to refer to minors under the age of 18 as well as to young people in early adulthood.

Defining and measuring these populations can be difficult, since most instruments rely on sexual identity, sexual orientation, sexual behavior, or a combination of the three.³ While the Commission urges the use of the inclusive term “LGBTQ,” we recognize that this term should not be read to suggest only youth identifying as LGBTQ, but also include those who would be represented by broader measures such as same-sex sexual behavior, same-sex attraction or nontraditional gender presentation.

To best reflect our commitment to an inclusive and nuanced understanding of the population we serve, the Commission has included the term “LGBTQ” in our name. We believe that a broader understanding of these terms, beginning with our own name, takes into account the complexity of the development of sexual orientation and gender identity, and allows for more culturally specific descriptions of populations than a reliance on identity alone.⁴

What the Data Shows: The Need Persists

Massachusetts was among the first states to analyze health and risk behavior assessments of sexual minority youth statewide via the biennial Massachusetts Youth Risk Behavior Survey (MYRBS), a Centers for Disease Control (CDC) funded surveillance activity that monitors youth behaviors contributing to mortality and morbidity.⁵ Data on transgender and genderqueer youth are not yet available, as the Massachusetts survey did not include any questions on gender identity until 2013. In several instances, we list only data for lesbian, gay, and bisexual (LGB) students where appropriate.

The 2011 MYRBS and the 2011 Massachusetts Youth Health Survey (MYHS) document persistent health risks and disparities between sexual minority youth and other youth in the state.

² Silenzio, V. M. B. (2003). Anthropological assessment for culturally appropriate interventions targeting men who have sex with men. *American Journal of Public Health*, 93(6), 867–871.

³ Robin, L., Brener, N. D., Donahue, S. F., Hack, T., Hale, K., & Goodenow, C. (2002).

Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Archives of Pediatrics and Adolescent Medicine*, 156(4), 349–355.

⁴ Rosario, M., Scrimshaw, E. W., & Hunter, J. (2008). Predicting patterns of sexual identity development over time among lesbian, gay, and bisexual youths: A cluster analysis approach. *American Journal of Community Psychology*, 42(3-4), 266–282; Russell, S. (2006). Substance use and abuse and mental health among sexual minority youths: Evidence from Add Health. In A. Omoto & H. Kurtzman (Eds.), *Sexual orientation and mental health*. Washington, DC: American Psychological Association.

⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). Youth risk behavior surveillance system. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

For example, nearly four times as many sexual minority youth report experiencing dating violence at some time in their lives, when compared with other youth (36.1 percent versus 9.5 percent).⁶ Additionally, sexual minority students are more likely to engage in risk behaviors such as substance and alcohol use. Combined data from the state's 2011 MYHS and MYRBS surveys indicates that 83.3 percent of LGB students reported lifetime alcohol use, compared to 67.3 percent of other youth; 63.3 percent of LGB students reported having smoked a cigarette, compared to only 34.8 percent of heterosexual students.⁷ Data also indicates that gay and bisexual men and transgender women, especially African Americans, experience a disproportionate burden of HIV and other sexually transmitted infections (STIs), though further research on STIs among LGBTQ youth, especially youth of color, is needed.⁸

Suicide and suicidal ideation continue to be an alarming concern afflicting LGB youth.⁹ In Massachusetts, 34.1 percent of LGB youth compared to 4.5 percent of non-LGB youth reported a suicide attempt in the past year alone.¹⁰ Furthermore, 8.4 percent of sexual minority youth have attempted suicide in the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse—a figure more than four times greater than that for heterosexual youth.¹¹ Suicidal ideation and suicide attempts among LGB youth have been consistently reported at much higher rates than heterosexual youth. Despite longstanding awareness of the problem, this disparity continues to grow. The Commission supports programs like the nationwide Trevor Project, which provides a lifeline to youth in need. We also support the American Foundation for Suicide Prevention's national recommendations,¹² and urge the speedy inclusion of a focus on LGBTQ youth in any statewide strategy for suicide prevention.

Data also show that sexual minority youth disproportionately experience homelessness. In Massachusetts, 33.4 percent of homeless youth identified as LGB or were unsure of their sexual orientation.¹³ Homeless sexual minority youth are at greater risk for negative health outcomes

⁶ Massachusetts Department of Public Health. (2012). [2011 Youth health survey, data analysis by sexual orientation]. Unpublished data.

⁷ Massachusetts Department of Public Health. (2012). [2011 Massachusetts youth risk behavior survey and youth health survey combined data, LGB analysis]. Unpublished data; Gonsalves, D., McKenna, M., Hawk, H., & Tinsley, L. (2012). A Profile of Health Among Massachusetts Middle and High School Students, 2011: Results from the Massachusetts Youth Health Survey (MYHS) (D. o. R. a. Epidemiology, Trans.). Boston, MA: Massachusetts Department of Public Health.

⁸ Centers for Disease Control and Prevention. (2011) HIV surveillance in men who have sex with men (MSM). HIV/AIDS Statistics and Surveillance, 6 June, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/msm/index.htm?source=govdelivery>

⁹ Liu, R.T. & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine* 42(3), 221-228.

¹⁰ Goodenow, C. (2011). Prevention needs of sexual minority youth, MYRBS 1995-2009.

¹¹ Ibid.

¹² Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D.,...Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51. Retrieved from <http://www.tandfonline.com/doi/citedby/10.1080/00918369.2011.534038#tabModule>

¹³ Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101(9), 1683-1689.

and risk behaviors, including mental health issues,¹⁴ and are more likely to engage in high risk sexual behavior.¹⁵ According to an analysis of MYRBS data, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless, compared to only three percent of heterosexual teens.¹⁶ A review of 16 peer-reviewed journal articles and several other sources conducted by the National Gay and Lesbian Task Force Policy Institute in 2006 found that up to 40 percent of all homeless youth in the U.S. were LGBTQ.¹⁷ LGBTQ youth of color are particularly at risk, with 65 percent of homeless individuals identifying as a racial minority.¹⁸

Time and again, LGBTQ youth not only experience “alarming rates of behavioral and social problems [but] service use among these youth is disproportionately low,” suggesting the likelihood that decreased service accessibility is a causal factor in service underutilization.¹⁹

¹⁴ Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773-777; Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D., Garcia, J., Hoffman, A., & Hopfer, C. J. (2006). Lesbian, gay, and bisexual homeless youth: An eight-city public health perspective. *Child Welfare Journal*, 85(2), 151-170; Gangamma, R., Slesnick, N., Toviessi, P. & Serovich, J. (2008). Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth. *Journal of Youth & Adolescence*, 37(4), 456-464

¹⁵ Marshal, M. P., Friedman, M. S., Stall, R., & Thompson, A. L. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*, 104(6), 974-981; Kipke, M. D., Kubicek, K., Weiss, G., Wong, C., Lopez, D., Iverson, E., & Ford, W. (2007). The health and health behaviors of young men who have sex with men. *Journal of Adolescent Health*, 40(4), 342-350

¹⁶ Corliss et al., *High burden of homelessness*.

¹⁷ Ray, N., *Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless, 2006.

¹⁸ Bridges, Emily. (2007). The impact of homophobia and racism on GLBTQ youth of color. Advocates for Youth. Retrieved from http://www.lgbt.ucla.edu/documents/ImpactofHomophobiaandRacism_000.pdf

¹⁹ Acevedo-Polakovich, I. D., Bell, B., Gamache, P., & Christian, A. S. (2011). Service accessibility for lesbian, gay, bisexual, transgender, and questioning youth. *Youth and Society*, 1-23.

RECOMMENDATIONS

For the first time since its inception, the Commission held Public Hearings for youth and adults across the Commonwealth in June 2012. The hearings were designed for youth and the public to share their experiences and aide the Commission in understanding the concerns of and challenges for LGBTQ youth. Several themes emerged from those hearings and informed last year's recommendations. This year's recommendations expand upon the many steps already taken to meet the needs of LGBTQ youth since then.

Throughout our recommendations, the Commission prioritizes the following topic areas this year:

Data Collection: The Commission supports routine, state-led collection of data on sexual orientation (including, where relevant, data on same-sex behavior), and gender identity of all young people in Massachusetts. Such data is critical to understanding the needs of LGBTQ youth and adequately targeting programming to LGBTQ youth. In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population. More complete quantitative and qualitative data would provide the foundation needed to conduct assessments of the efficacy of LGBTQ-related policies and programming. When possible, we suggest that agencies involve and rely on experts to identify the most efficient and confidential mechanisms to collect, maintain, and use this data. If government agencies are to successfully change the ways in which LGBTQ youth interact with youth-serving institutions (e.g. foster care, correctional facilities, homeless services and shelters, and congregate living facilities), it is essential that these agencies gather data on sexual orientation and gender identity – with due attention to confidentiality and privacy. Members of the Commission and community-based researchers are willing to collaborate with agencies to develop and pilot test methodology and protocol for capturing relevant data. Where relevant, all youth-serving staff should be trained in how to ask these questions in sensitive and age-appropriate ways.

Resources: Agencies can make an immediate and marked difference for LGBTQ youth by identifying and strengthening LGBTQ-affirming resources, both internal and external. The Commission recommends that agencies refer to and emulate the models already established at two state agencies: (1) the Department of Children & Families LGBTQ liaison program, and (2) the Department of Elementary and Secondary Education's network of Gay / Straight Alliance (GSA) advisors. Both initiatives establish designated resources within agency staff to address the needs of LGBTQ youth. In addition, we invite agencies to send key staff members to regularly scheduled Commission meetings to assist in coordinating our work together. We also support collaborative partnerships between agencies, the Commission, and other organizations across the Commonwealth, and are eager to work with agencies to foster those partnerships. For example, the Commission recently formalized such a partnership through a Memorandum of Understanding with the Department of Elementary and Secondary Education.

Training: Youth and their allies report a need for increased LGBTQ cultural competency among state employees and contracting entities – including schools, foster care providers, and

health care organizations. All state agencies, as well as organizations that contract with state agencies, would benefit from regular and routine professional development and education around LGBTQ youth populations and issues-specific trainings within their respective service areas. In order to promote agency self-reliance and to minimize additional costs for such trainings, we further urge agencies to create and implement a network of inter-agency LGBTQ liaison staff to conduct future trainings that are most appropriate for the needs of the specific agencies.

Policies and Guidance: We recommend that state agencies develop stronger guidance, best practices, and model policies for working with LGBTQ youth throughout the Commonwealth. We are particularly anxious to see uniform agency implementation of An Act Relative to Gender Identity. We recommend that all remaining agencies follow the lead of the Department of Elementary and Secondary Education, and revise their regulations to expand their individual anti-discrimination policies to include gender identity as defined by the statute. Beyond written policies, we ask agencies to think broadly about how to pragmatically ensure that transgender and gender-nonconforming youth are not subject to discrimination or biased treatment by agencies or contracting organizations. The Commission has already provided examples of implementation guidance provided by the federal government as well as other states with similar laws.

1. HEALTH & HUMAN SERVICES RECOMMENDATIONS

The Commission's collaborative relationship with the Executive Office of Health and Human Services (EOHHS) and its agencies continues to grow, bolstering our work with the Department of Transitional Assistance (DTA), the Department of Public Health (DPH), the Department of Children & Families (DCF), and the Department of Youth Services (DYS). Since the 2012 public hearings, the Commission has met regularly with all EOHHS agencies in the Children, Youth, and Families (CYF) Cluster through our agency liaisons and through a working group under the direction of Assistant Secretary Kathy Betts and Office for Refugees & Immigrants (ORI) Executive Director Josiane Martinez.

As we propose recommendations for FY15, we are encouraged by emerging partnerships with ORI, the Department of Mental Health (DMH), the Massachusetts Commission for the Blind (MCB), the Massachusetts Commission for the Deaf & Hard of Hearing (MCDHH), and the Massachusetts Rehabilitation Commission (MRC).

Across all EOHHS agencies that interact with youth, we recommend implementing the following:

Consistent Data Collection: We recommend that EOHHS adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation and gender identity. This is especially important in addressing the dearth of information explaining risk factors and behaviors among LGBTQ youth. While we do know that LGBTQ youth are at greater risk for a variety of negative health and safety outcomes, further identification and collection of LGBTQ youth specific data is needed to more fully comprehend the challenges facing LGBTQ youth and best practices for addressing them. Furthermore, we advise EOHHS to train both incoming and experienced staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ youth in youth-serving institutions. Finally, we recommend that EOHHS seek ways to adopt data collection procedures that document the experiences of LGBTQ youth with state agencies as a way to assess the areas of greatest need within EOHHS as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

Resources:

- (1) Coordination across agencies and dedicated time of designated staff with cultural competence and expertise makes a tremendous difference in moving toward consistent quality services being provided to LGBTQ youth. The recently established DCF LGBTQ liaisons and the CYF Cluster LGBTQ working group exemplify the benefits of this approach. To build on that success, we urge EOHHS agencies to follow DCF's example and establish designated staff within each agency that can address LGBTQ youth needs, with leadership from the Office of the Assistant Secretary. We are eager to explore how EOHHS can recognize and compensate staff who take on additional responsibilities to foster more inclusive policies and practices within agencies. We likewise invite staff with experience or interest in improving services for LGBTQ youth to attend and participate in Commission meetings.

- (2) We commend DCF, DPH, DTA, and DYS for their work on the inter-agency geomapping initiative to identify and map LGBTQ resources across the Commonwealth. We look forward to continuing to collaborate with these agencies to build an accessible online resource map accessible to providers and youth alike.
- (3) We recommend improving access to services by offering a “rights and responsibilities” or “what to expect” brochure, and by displaying recognizable symbols of support (e.g., LGBTQ-affirming posters, stickers, and informational materials). Agency staff should take the “Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families” (see Appendix). Steps such as these contribute to safe and welcoming environments for LGBTQ youth.

Training: All EOHHS agencies would benefit from regular and consistent staff training and education about LGBTQ youth populations and their needs. Issues-specific trainings for direct service providers within their respective service areas would be particularly worthwhile. We are encouraged by EOHHS’s commitment to add an LGBTQ component to the uniform training for all new hires. The Commission seeks to collaborate with the Center for Staff Development and our partner organizations to develop and execute these trainings. Where relevant, the Commission is also interested in working with unions and other partners to make such trainings a reality within the constraints of employment contracts.

Policies and Guidance: We encourage EOHHS to ensure that all its agencies are compliant with An Act Relative to Gender Identity (effective July 2012) by incorporating gender identity as a protected class in their respective agency regulations and policies. We recommend that all state agencies follow the example of the Department of Elementary and Secondary Education to revise regulations and expand individual anti-discrimination policies to include gender identity to comply with state law, and to provide practical and concrete guidance on the full implementation of these updates.

Department of Children & Families

The Department of Children and Families (DCF) provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. Over the past two years, first under Commissioner Angelo McClain and now under Commissioner Olga I. Roche, the agency has made real changes to meet the needs of LGBTQ youth, from revising foster parent training curricula to drafting a toolkit for social workers and foster parents. DCF also partnered with the Commission to promote foster care to potential LGBTQ-friendly parents at the May 2013 Commission meeting. The Commission commends the work of DCF's LGBTQ liaisons for their efforts to foster a safe environment for LGBTQ youth, and we appreciate the presence of DCF liaisons at Commission meetings. We further acknowledge DCF for incorporating LGBTQ youth as a core consideration of ongoing Strategic Plans and Diversity Plans. The groundwork has been laid for making strides against the persistent, systemic issues that have prevented LGBTQ youth in the Commonwealth from receiving appropriate and much-needed services from DCF.

DCF Recommendations

1. Explore opportunities to adapt intake forms to be LGBTQ-inclusive and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Improve access to welcoming and affirming placements by identifying and sharing lists of LGBTQ-friendly foster placements, hotline homes, and residential facilities across regions.
3. Devote one full session of DCF monthly staff meetings to LGBTQ issues this year and subsequently on an annual basis.
4. Expand training program to all workers and supervisors on issues that affect LGBTQ youth and adults, with particular attention to gender identity.
5. Implement and distribute LGBTQ Toolkit for social workers, foster parents, and youth and share the resource as a model for other agencies of the Commonwealth.
6. Add gender identity to all non-discrimination regulations.

Background

Nationally, there are over 500,000 youth in the foster care system and an estimated five to ten percent identify as LGBTQ.²⁰ Approximately 50 percent of LGBTQ youth reported negative reactions upon coming out to their families, and 26 percent reported being kicked out by a member of their family.²¹ Similarly, in Massachusetts, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless, compared to only three percent of heterosexual teens.²²

Family abuse is a serious issue in situations that involve LGBTQ youth. Results from the National Homeless Youth Provider Survey found that family rejection was the most cited factor contributing to youth homelessness (68 percent), and more than half of the respondents (54

²⁰ U.S. Department of Health and Human Services, Administration for Children and Families. (2009). Foster Care Statistics; Marksamer, J. (2006). LGBTQ youth in the foster care system. National Center for Lesbian Rights

²¹ Ray, *Lesbian, gay, bisexual, and transgender youth*.

²² Corliss et al., *High burden of homelessness*.

percent) also cited abuse in the family.²³ Seeking to address these disparities, the federal Administration for Children and Families supports recommendations made by Lambda Legal in 2012, which include performing family assessments that promote an understanding of the effects of family rejection and acceptance on the well-being of LGBTQ youth. The California-based Family Acceptance Project also has an assessment tool that may be useful. Caitlin Ryan of the Family Acceptance Project came to Massachusetts in 2012 in a collaborative effort between Parents, Families, and Friends of Lesbians and Gays (PFLAG) and DCF to provide training on pastoral care for LGBTQ youth, and we look forward to continued collaborations to seek out intervention strategies to improve family acceptance.

Expanded Recommendations

Data Collection

1. **Explore opportunities to adapt intake forms to be LGBTQ-inclusive and implement routine, state-led collection of data on sexual orientation and gender identity.** Collection of data on sexual orientation and gender identity is critical to effectively addressing the specific needs of LGBTQ youth in DCF care. We encourage DCF to incorporate fields for voluntary disclosures of sexual orientation and gender identity on intake forms, and to compile best practices for respectful and confidential intake and data collection procedures. All new data and intake procedures should be implemented in conjunction with staff training in order to protect the confidentiality and privacy of youth and ensure the culturally competent collection of information. If implemented effectively, a LGBTQ-inclusive intake process will enhance the state's knowledge about existing disparities within LGBTQ youth populations and will serve as a mechanism to assess the areas of greatest need within DCF, as well as the effectiveness of cultural competency training and other areas of progress.

Resources

2. **Improve access to safe homes by identifying LGBTQ-friendly foster placements, hotline homes, and residential facilities.** LGBTQ young people, both under and over the age of 18, need safe housing. Homelessness continues to be a significant challenge for LGBTQ youth, who are disproportionately represented among homeless youth populations. In addition, lack of safe homes for LGBTQ youth has led to the placement of youth in homes with a higher level of care than necessary and greater numbers of disruptions of foster placements. First and foremost, these youth need a stable living situation, both when they are in DCF care and after aging out.

The Commission recommends that each DCF area office identify homes that would be welcoming and affirming to adolescents and children regardless of sexual orientation and gender identity or expression, in particular:

- a. A minimum of two foster placements in each area office
- b. Share LGBTQ-friendly "hotline homes" across area offices within regions

²³ Durso, L.E. & Gates, G. J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund

Identification and tracking of safe homes requires that family resource workers raise the question as part of the home study process for new foster families and the re-licensing process for continuing foster families. In particular, we recommend that DCF add the capability to capture sexual orientation and gender identity information when disclosed by youth as a part of the next iFamilyNet build, and that DCF update its intake forms for youth to capture sexual orientation and gender identity disclosures.

Many LGBTQ-affirming foster families are already working with DCF; it remains only to identify who they are and to share that information across area offices. However, foster families who identify themselves as affirming homes may not necessarily have the tools needed to be so. A complementary approach for identifying LGBTQ-friendly foster families is to offer voluntary trainings on caring for LGBTQ youth and if possible to provide a modest stipend for those trainings. Those foster families who have chosen to attend, who have received training, and who continue to self-identify as accepting homes for LGBTQ youth are more likely to have successful placements.

3. **Devote one full session of DCF monthly staff meetings to LGBTQ issues this year and subsequently on an annual basis.** In a statewide DCF LGBTQ liaisons meeting in early 2012, former Commissioner Angelo McClain and senior staff committed to devoting one full meeting of the monthly all-staff meetings to discussing LGBTQ youth. These meetings would provide the opportunity to focus on the specific issues faced by LGBTQ youth within the system and to work towards finding solutions to their challenges, and could include expert speakers within public policy, mental health, and legal fields to help inform discussions.

Training

4. **Expand training programs for all workers and supervisors on the issues that affect LGBTQ youth and adults, with particular attention to gender identity.** DCF regulation (110 CMR 7.104) requires that licensed foster/adoptive homes must be able to nurture children in the home, “including supporting and respecting a child’s sexual orientation or gender identity.” LGBTQ liaisons have taken it upon themselves to seek out training from organizations such as Adoption & Foster Care Mentoring and the Massachusetts Transgender Political Coalition, and to revise the foster-parent training curriculum (Massachusetts Approach to Partnerships in Parenting, or MAPP). However, outside of the self-identified liaisons, many caseworkers, foster parents, and supervisors have never received training on the needs of LGBTQ youth in their care. DCF is eligible, as a Title IV-E agency, to access resources from the federal government to provide training for caseworkers on LGBTQ competency (see Appendix for further information).

DCF has begun partnering with Health Imperatives to provide LGBTQ cultural competency trainings. We recommend that DCF integrate LGBTQ competency training in its continuing education programs for social workers, as well as its new supervisor training and learning circles.

Policies and Guidance

5. **Implement and distribute LGBTQ Toolkit for social workers, foster parents, and youth and share the resources as a model for other agencies of the Commonwealth.** We support the progress that LGBTQ liaisons have made on creating a Toolkit of best practices for social workers, foster parents, community-connected residential treatment providers, families and youth. We recommend that the Department speedily approve and distribute the Toolkit to all area offices and provide additional technical support to area offices as needed.
6. **Add gender identity to all non-discrimination regulations.** We urge DCF to follow the Department of Early and Secondary Education's example in speedily complying with state law by revising its anti-discrimination regulations to add "gender identity" as a protected category. The inclusion of "gender identity" alongside "sexual orientation" as classes protected against discrimination does more than simply inform DCF employees of the law; it also serves as a symbolic message to LGBTQ youth within the system emphasizing DCF's commitment to their protection and care under Massachusetts state law. Once policies are updated, we recommend their re-distribution among DCF staff with a short memorandum detailing the changes and their purpose.

Massachusetts Commission for the Blind

The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. MCB provides the highest quality rehabilitation and social services to blind individuals, leading to independence and full community participation.

This is our first year proposing policy recommendations for MCB. We look forward to developing a relationship with newly appointed Commissioner Paul Saner and his staff to address the meaningful inclusion of LGBTQ youth in all programs and services.

MCB Recommendations

1. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.

Background

Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind, much less LGBTQ youth. We do know that sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been thriving since 1996, conducting annual member conferences.

By considering recommendations for MCB, the Commission hopes to ensure that the unique needs of LGBTQ youth who are blind are met by the MCB.

Expanded Recommendations

1. **Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.** The Commission's "agency relations" model pairs a Commission liaison with one or more agency staff to address the meaningful inclusion of policies and practices responsive to LGBTQ youth, particularly through: the collection of data and conducting of assessments; the development and strengthening of LGBTQ-affirming resources; training to increase cultural competency of staff working with LGBTQ youth; and the development of stronger guidance, model policies, and best practices with regard to sexual orientation and gender identity. The Commission looks forward to collaborating with MCB in identifying opportunities for better serving LGBTQ youth and providing support to MCB in the development and implementation of policies, practices, programs, and resources.

Massachusetts Commission for the Deaf and Hard of Hearing

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. The mission of MCDHH is to provide accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

This is the Commission's first year working with MCDHH. We welcome the collaboration with MCDHH Commissioner Heidi Reed and her staff and look forward to working with MCDHH to address the meaningful inclusion of LGBTQ youth in all programs and services.

MCDHH Recommendations

1. Include categories for sexual orientation and gender identity in development of new MCDHH database and appropriately train staff on implementation.
2. Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.
3. Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.
4. Develop agency guidelines and best practices to ensure meaningful inclusion and equal opportunity for transgender and gender-nonconforming youth in Summer Transition to Work Program and other MCDHH youth programs.

Background

According to the National Association of the Deaf, there are currently 28 million Deaf and hard of hearing people living in the United States. In Massachusetts, a projected 2.8 children per 1,000 are born Deaf or hard of hearing.²⁴

While there is limited research and data available on the intersections of LGBTQ identities with Deaf and hard of hearing communities, the available research suggests that people with physical disabilities report low rates of discussing sexuality, sexually transmitted infections, contraception, and reproductive choices with their health care providers.²⁵ For instance, in one study, undergraduate Deaf students scored significantly worse on the HIV/AIDS Knowledge Index than their hearing counterparts.²⁶ Such research speaks to a likely gap in inclusive resources and education for Deaf or hard of hearing youth on sexuality and sexual identities, while the sheer lack of information available about LGBTQ youth who are Deaf and hard of hearing makes the importance of improving data collection efforts apparent.

²⁴ Highland 2012

²⁵ Brannigan 2001

²⁶ Mallinson 2004

By expanding the Commission's FY15 Recommendations to include MCDHH, we hope that Massachusetts will continue to be at the forefront of responsiveness to the needs of all residents by considering the intersections of LGBTQ and Deaf or hard of hearing identities. In working to implement recommendations that respect the sexual and gender identities of all youth served by MCDHH, the agency will help ensure the wellbeing of all young people in Massachusetts.

Expanded Recommendations

Data Collection

1. **Include categories for sexual orientation (including same-sex behavior) and gender identity in development of new database, and appropriately train staff on implementation.** During the development phase of the new MCDHH database, we recommend that questions related to sexual orientation and gender identity be adopted to include fields for voluntary disclosure of sexual orientation and gender identity. Space should also be made for individuals to share their preferred name to be used by MCDHH staff. Additionally, the agency would enhance capacity to serve LGBTQ populations if it provided appropriate training to staff responsible for client intake and database management to ensure LGBTQ cultural competence and accuracy of information. These trainings should include guidelines for maintaining the privacy and confidentiality of youth disclosing their sexual orientation and gender identity.

Training

2. **Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.** MCDHH Case Managers would benefit from regular and consistent education around LGBTQ youth populations. We recommend a plan for achieving 100 percent training over the next 12 months. We encourage MCDHH to think creatively about collaborating with pre-existing programs to provide training.
3. **Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that agency staff delivering Independent Living Programs for Deaf and Hard of Hearing People attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We recommend a plan for all contracted agencies to provide comprehensive training over the next 12 months. We encourage MCDHH's contracted agencies to rely on pre-existing programs, including other state-funded providers, and to collaborate with other state agencies and community partners to provide training.

Policies and Guidance

4. **Develop agency guidelines and best practices to ensure meaningful inclusion and equal opportunity for transgender and gender-nonconforming youth in the Summer Transition to Work Program and other MCDHH youth-serving programs.** Inclusion and equal opportunity are improved when there are comprehensive policies that proactively address serving transgender and gender-nonconforming youth. We recommend developing guidance, model policies, and best practices for working with transgender and gender-nonconforming youth. See Appendix for model policies, best practices, and LGBTQ cultural competency guidelines.

Massachusetts Rehabilitation Commission

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities by enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment within the community. The MRC provides comprehensive services to people with disabilities that seek to maximize quality of life and economic self-sufficiency through programs such as vocational rehabilitation services, assistive technology programs, abuse and neglect intervention, community services, and assistance with federal benefits programs.

This is the Commission's first year working with MRC. We welcome the collaboration with Commissioner Charles Carr and his staff and look forward to working with MRC to address the meaningful inclusion of LGBTQ youth in all programs and services.

MRC Recommendations

1. Include categories for sexual orientation and gender identity in MRC intake process and appropriately train staff on implementation procedures.
2. Provide LGBTQ cultural competency training for all youth-serving staff and providers.
3. Adopt "gender identity" as part of the MRC Diversity and Equal Opportunity Statement.

Background

While Massachusetts-specific data is limited, ReachOutUSA estimates there are 4 million LGBTQ people with disabilities in the United States. Preliminary research on LGBTQ people and disability has found significant disparities and unique barriers to accessibility and livelihood for LGBTQ populations when compared to their heterosexual counterparts. While these gaps are best documented in elderly populations, LGBTQ youth likely face many of the same challenges. Incidents of hate crimes, sexual violence, and abuse are more prevalent among LGBTQ and disabled populations, putting individuals who identify as both LGBTQ and as people with disabilities at heightened risk. Available research shows that compared to heterosexuals, LGB individuals exhibit higher prevalence and earlier onset of disabilities.²⁷

By partnering with MRC, the Commission intends to find mechanisms to bridge barriers to accessibility and further address the unique disparities faced by LGBTQ youth with disabilities.

²⁷ Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100, 1953–1960; Fredriksen-Goldsen, K., Kim, H. & Barkan, S. (2012). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health*, 102, e16-e21; Fredriksen-Goldsen, K. & Kim, H. (2012). Hispanic lesbians and bisexual women at heightened risk of health disparities. *American Journal of Public Health*, 102, e9-e15; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

Expanded Recommendations

Data Collection

1. **Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.** In order to address the specific needs of LGBTQ youth who come into contact with MRC, we recommend the implementation of routine, state-led collection on sexual orientation (including sexual behavior) and gender identity. Revision of intake forms to include fields for voluntary disclosure of sexual orientation and gender identity should likewise be pursued. These intake forms should also provide spaces for individuals to share their preferred name to be used by staff. Further, we encourage MRC to provide appropriate training to staff responsible for client intake to protect the privacy and confidentiality of the youth and to ensure that staff ask questions related to sexual orientation and gender identity in a sensitive manner. Finally, we recommend that MRC seek ways to adopt data collection procedures that document the experiences of LGBTQ youth within the agency as a mechanism to assess the areas of greatest need within MRC. Such protocols could also serve as a measure of the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

Training

2. **Provide LGBTQ cultural competency training for all youth-serving staff and providers.** MRC staff and providers would benefit from regular and consistent education on LGBTQ youth populations. We recommend a plan for achieving 100 percent training over the next 12 months within the Turning 22 Independent Living Programs: Supported Living and Transition to Adulthood. We encourage MRC to think creatively about collaborating with pre-existing programs to provide training.

Policies & Guidance

3. **Adopt “gender identity” as part of the MRC Diversity and Equal Opportunity Statement.** To further MRC’s strong commitment to equal opportunity for all employees in areas of recruitment, training, promotion, transfer, career counseling and reasonable accommodation, the Commission recommends MRC expand individual anti-discrimination policies to include gender identity as defined by state law.

Department of Mental Health

The Commission issued its first recommendations to the Department of Mental Health (DMH) in 2010, urging DMH to develop a plan to ascertain any disparities in service outcomes for LGBTQ youth and to address these disparities with attention to race, ethnicity, culture, and language. Since those preliminary recommendations, DMH has taken proactive steps to more effectively meet the needs of LGBTQ youth through trainings for staff and providers and the identification of resources targeted to LGBTQ youth.

In 2013, the Commission renewed our collaboration with DMH with enthusiastic support from Commissioner Marcia Fowler. We look forward to continuing to support the Department's progress on improving access to mental health services as well as future areas of growth for the LGBTQ youth community. In particular, we are eager to support DMH in continuing to provide training and resources to staff and providers, updating policies on LGBTQ inclusion and language, and collecting data specific to LGBTQ youth.

DMH Recommendations

1. Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Increase LGBTQ-affirming messaging and access to LGBTQ-affirming resources.
3. Require and perform cultural competence training for workers, supervisors, and program providers.
4. Draft and distribute practice guidance to workers, supervisors, and program providers.
5. Update policies on LGBTQ inclusion and language, and ensure compliance with non-discrimination policies by the agency and contractors.
6. Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.

Background

State and national data suggest that although LGBTQ youth are typically well adjusted and mentally healthy, factors such as violence, victimization, and family rejection put them at increased risk for suicidal ideation, depression, and other mental illnesses.²⁸ The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that lesbian, gay, and bisexual (LGB) youth are at significantly higher risk than their heterosexual counterparts for suicide ideation. LGB youth are seven more times likely to have attempted suicide in the past year.²⁹ While MYRBS data on suicide and suicidal thoughts among transgender youth are forthcoming, one study reported that nearly half of transgender youth nationally had seriously contemplated committing suicide.³⁰

²⁸ Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people*; Levin, A. (2011). LGBTQ individuals not getting equal attention in research. *Psychiatric News*, 46(11), 17-19.

²⁹ Goodenow, *Prevention needs*

³⁰ Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, 37(5), 527.

Studies show that LGBTQ youth are at increased risk of mental health problems such as depression and anxiety,³¹ and that experiences of violence and victimization based on sexual orientation and gender identity can contribute to post-traumatic stress disorder.³² One study indicated that almost 25 percent of youth with same-sex romantic or sexual partners had experienced some form of physical or psychological victimization within the previous 18 months.³³ With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand the factors that contribute to mental health problems among LGBTQ youth to further illuminate how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms.³⁴

Expanded Recommendations

Data Collection

1. **Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation and gender identity.** In order to address the specific needs of LGBTQ youth who come into contact with DMH, we recommend all intake forms at facilities operating under the authority of the department be revised to include fields for voluntary disclosure of sexual orientation and gender identity. These intake forms should also provide spaces for individuals to share their preferred name to be used by DMH staff. Further, we urge DMH to train all youth-serving staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ youth. Finally, we recommend that DMH seek ways to adopt data collection procedures that document the experiences of LGBTQ youth within the agency as a mechanism to assess the areas of greatest need within DMH as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress. If implemented effectively, such an intake process will enhance the state's knowledge about the existing mental health disparities within LGBTQ youth populations, and will provide the data to better understand co-occurring risk behaviors such as substance use among LGBTQ youth.

Resources

2. **Increase LGBTQ-affirming messaging and access to LGBTQ-affirming resources.** One aspect of increasing access to and availability of mental health services for LGBTQ youth populations is ensuring that they feel welcome in the places that offer support. To

³¹ Hart, T.A., Heimberg, R.G. (2001). Presenting problems among treatment-seeking gay, lesbian, and bisexual youth. *Journal of Clinical Psychology*, 57, 615-627.

³² D'Augelli, A. R., Grossman, A. H. & Starks, M. T. (2006). Childhood Gender Atypicality, Victimization, and PTSD Among Lesbian, Gay, and Bisexual Youth. *Journal of Interpersonal Violence*, 21(11), 1-21.

³³ Halpern, C. T., Young, M. L., Waller, M. W., Martin, S. L., & Kupper, L. L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *Journal of Adolescent Health*, 35(2),124-131.

³⁴ Bostwick, W. B. (2007). Mental health risk factors among GLBT youth. National Alliance on Mental Illness. Retrieved from

http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=48112

that end, the Commission recommends the visible placement of LGBTQ-affirming messaging and LGBTQ-directed resources in all spaces providing mental health services through DMH. To best reach youth, we recommend that DMH make affirming messages and LGBTQ-focused resources easily accessible and available online. Potential areas of focus include but are not limited to DMH and service providers (both physical locations and websites) and major social media outlets (e.g., Facebook and Twitter). We applaud DMH for its inclusion of available culturally competent LGBTQ resources in its Multicultural Resource Directory and encourage the department to update the directory and increase the number of resources listed. These resources would also be valuable in the joint EOHHS Commission geomapping project to map services available to LGBTQ youth throughout the state.

Training

3. **Provide LGBTQ cultural competency training for workers, supervisors, and program providers.** The Commission recommends that DMH provide LGBTQ competency trainings for all youth-serving employees, especially program providers and their supervisors. These trainings should include information on how to create trauma-informed, supportive services and environments for transgender and gender-nonconforming youth. We also recommend that the department continue partnering with other agencies in order to offer efficient and effective trainings, as DMH and the Department of Public Health did in May 2011.

Policies and Guidance

4. **Draft and distribute Practice Guidelines to workers, supervisors, and program providers.** As the Commission's 2012 Public Hearings revealed, many service providers want to appropriately serve LGBTQ youth, yet do not have the expertise to do so. We recommend that DMH adopt practical models and best practices for mental health providers working with LGBTQ youth. We further recommend that DMH look to models provided by the Department of Children and Families and the Department of Elementary and Secondary Education as examples.
5. **Update policies on LGBTQ inclusion and language, and ensure compliance with non-discrimination policies by the agency and contractors.** We recommend that DMH update all relevant policies and language to ensure inclusion of LGBTQ populations as required by law. In particular, we urge DMH to revise all anti-discrimination regulations to include gender identity as a protected category in compliance with An Act Relative to Gender Identity and to incorporate the use of up-to-date language regarding "sexual orientation" rather than "sexual preference." We also recommend that the department require the compliance of contracting vendors, through which 90 percent of DMH services are offered. These changes do more than simply inform DMH employees of the law; they also serve a symbolic message to LGBTQ youth within the system, emphasizing DMH's commitment to their legal and human rights. Once policies are updated, we suggest their re-distribution among DMH staff with a short memorandum detailing the changes and their purpose.

6. **Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.** Currently, the Massachusetts Strategic Plan for Suicide Prevention does not address the needs of specific geographic regions or communities or of populations known to be at increased risk of suicide, including but not limited to LGBTQ youth. Given the disproportionately high prevalence of suicidality among LGBTQ youth, the Commission urges DMH to work with the Department of Public Health and community partners to ensure the meaningful inclusion of this population in statewide planning for suicide prevention.

Department of Public Health

The Department of Public Health (DPH) has long supported policies and programs to meet the health needs of vulnerable populations, including LGBTQ youth. We are particularly grateful to DPH for its continued support of critical programs in a challenging fiscal climate, demonstrated by prior leadership and continued by Commissioner Cheryl Bartlett, a true ally. We also thank DPH for providing vital administrative and operational support to the Commission. DPH hosts most Commission meetings and houses staff that make the work of a volunteer-based membership possible.

We applaud DPH's swift addition of a question about gender identity to its biannual Massachusetts Youth Health Survey, which will provide much-needed data to guide policy relative to this population. Further, we are proud of DPH's efforts to expand LGBTQ-inclusive suicide prevention resources. DPH's suicide prevention materials for transgender communities have received wide acclaim and serve as a national resource as part of the Suicide Prevention Resource Center's best practices registry.

We also recognize the assistance provided to date in mapping the resources available to LGBTQ youth across the Commonwealth. We appreciate the department's continued support in mapping resources and building a database in order to more effectively communicate existing resources to agency staff within EOHHS and to LGBTQ youth. We look forward to working with DPH to better understand the distribution of existing resources for LGBTQ youth and the areas of greatest need.

DPH Recommendations

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.
2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.
3. Convene a Department-wide LGBTQ working group to address best practices and to coordinate LGBTQ-related work, with specific attention to LGBTQ youth.
4. Evaluate youth participation in the Massachusetts Tobacco Cessation and Prevention Program initiatives and include LGBTQ youth in outreach programs such as the Great American Smokeout, Kick Butts Day, and The 84.
5. Ensure that Community Transformation Grant recipients prioritize prevention and health promotion among LGBTQ youth, especially smoking prevention and cessation and obesity prevention efforts.
6. Prioritize HIV prevention and care to address the increase in new infections among LGBTQ youth, particularly Black and Latino gay and bisexual men in Massachusetts, and the sharp rise in Hepatitis C infections among young injection drug users.
7. Expand ongoing efforts to train the service providers funded by the Bureau of Substance Abuse Services in addressing the unique needs of LGBTQ youth.
8. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.
9. Direct the Division of Health Professions Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.

Background

The Institute of Medicine (IOM) recently released “The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding” (2011), which reported on the mental and physical health of LGBTQ populations, including a chapter devoted to LGBTQ youth. While the report notes that “LGBT youth are typically well adjusted and mentally healthy,” they consistently have been found to be at increased risk for depressive symptoms and suicidality in comparison to their non-LGBTQ counterparts.³⁵ Other research suggests LGBTQ youth are at higher risk for mental illnesses such as depression or suicidality due to factors such as antigay victimization, stigma, and family rejection.³⁶ While state-based data collection has just begun for transgender youth, a national study of transgender adults found that approximately 41 percent of transgender adults – and 47 percent of transgender adults of color – reported having attempted suicide, a rate considerably higher than the 1.6 percent of the general population.³⁷

Patterns for physical health suggest a similar trend—that generally LGBTQ youth exhibit good physical health, but disparities do exist for sexual minority (and likely transgender) populations as compared to their heterosexual counterparts. The IOM identifies a number of risk factors that disproportionately affect the health of LGBTQ youth, such as harassment, victimization, violence, substance abuse, homelessness, and child abuse.³⁸

Across the country, LGBTQ individuals are disproportionately likely to use substances such as drugs, alcohol, and tobacco, often to cope with the impacts of stigma and discrimination. In Massachusetts, the MYHS and MYRBS demonstrate that LGB youth have a much higher reported likelihood of lifetime alcohol use (83 percent) than their heterosexual peers (67 percent), and that they are nearly two times more likely to have smoked a cigarette than their non-LGB counterparts.³⁹

The Centers for Disease Control (CDC) released a report assessing the health-risk behaviors of students in grades 9-12 based on National Youth Risk Behavior Surveillance System data from 2001-2009, collected by the seven states and six large urban school districts that include a question about sexual identity or behavior in their biannual study.⁴⁰ According to this report, sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories. The seven categories for which sexual minority students had higher prevalence rates included:

- behaviors that contribute to violence (e.g., did not go to school because of safety concerns)
- behaviors that relate to attempted suicide (e.g., made a suicide plan)

³⁵ Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people*.

³⁶ Levin, *LGBT individuals not getting equal attention in research*.

³⁷ National Center for Transgender Equality. (2010). Preventing transgender suicide. Retrieved from http://transequality.org/PDFs/NCTE_Suicide_Prevention.pdf

³⁸ Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people*.

³⁹ Massachusetts Department of Public Health. *2011 Massachusetts youth risk behavior survey and youth health survey combined data*.

⁴⁰ Centers for Disease Control and Prevention, *Youth risk behavior surveillance system*.

- tobacco use (e.g., ever smoked cigarettes)
- alcohol use (e.g., binge drinking)
- other drug use (e.g. current marijuana use)
- sexual behaviors
- weight management

This data reiterates that persistent gaps in health outcomes remain for LGBTQ youth.

Expanded Recommendations

Data Collection

1. **Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.** Although Massachusetts has long gathered information relating to the health of Massachusetts youth through the Massachusetts Youth Health Survey (MYHS) and other surveillance activities, analysis of LGBTQ-specific data has been limited. We recommend that DPH consistently analyze and communicate data collected by the state related to LGBTQ youth, paying particular attention to the intersections of multiple identities, including sexual orientation, gender identity, race, ethnicity, class, and linguistic minorities. We especially prioritize information on transgender youth, in light of the current scarcity of data on this population. We suggest that the MYHS report highlight this data to publically demonstrate the disproportionate risk factors and disparities specific to LGBTQ youth populations.

Resources

2. **Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.** Existing suicide prevention resources are crucial to the lives and safety of LGBTQ youth, and we urge DPH to continue making them available. We appreciate DPH's support of programs that empower LGBTQ youth and that may increase resiliency, such as those funded through the Safe Spaces program and Youth at Risk grants. We also commend the department for its support of specific suicide prevention resources and initiatives addressing LGBTQ youth. We note that DPH has worked closely with the Transgender Suicide Prevention Working Group to offer transgender-specific resources and events, such as the November 2013 Transgender Activist Peer Support Summit. To expand upon these efforts, we recommend that DPH begin to evaluate their effectiveness in reaching LGBTQ youth, with particular attention to transgender and gender-nonconforming youth.
3. **Convene a department-wide LGBTQ working group to address best practices and to coordinate LGBTQ-related work, with specific attention to LGBTQ youth.** We recommend that DPH convene a department-wide LGBTQ working group to develop best practices to meet the unique needs and barriers faced by LGBTQ populations. Development of guidance and policies responsive to LGBTQ youth populations is already underway in several programs within the department, yet with 8 bureaus and 100

programs across DPH, opportunities for coordination exist. We urge this working group to organize work across offices and initiatives to strengthen existing efforts and promote them throughout the department, with particular attention to youth. The Commission recognizes the unique opportunity to consider LGBTQ populations within the State Health Improvement Plan currently in development at DPH; we further suggest that such an intra-bureau working group advise on this ongoing initiative.

4. **Evaluate youth participation in the Massachusetts Tobacco Cessation and Prevention Program initiatives and include LGBTQ youth in outreach programs such as the Great American Smokeout, Kick Butts Day, and The 84.** In light of disproportionate rates of tobacco use among LGBTQ youth, we urge the Massachusetts Tobacco Cessation and Prevention Program (MTCP) to further direct prevention and cessation resources toward this population and evaluate whether its initiatives are effectively reaching LGBTQ youth. We encourage MTCP to recognize the diverse factors contributing to LGBTQ youth tobacco use and to adopt a culturally sensitive and trauma-informed approach in addressing the issue. The Commission is eager to support MTCP in collaborating with existing LGBTQ youth groups, such as school-based Gay/Straight Alliances and the community-based GLBT Youth Group Network of Massachusetts (AGLY Network), to proactively include LGBTQ youth in programs as the Great American Smokeout, Kick Butts Day, and The 84, a statewide network of youth committed to fighting tobacco.
5. **Ensure that Community Transformation Grant recipients prioritize prevention and health promotion among LGBTQ youth.** Federally funded Community Transformation Grants (CTGs) provide \$1 billion a year to local and state health departments to address the two structural drivers of chronic disease: obesity and tobacco use. Massachusetts has been a model state for this work, receiving several of these grants. Data shows that lesbians are more likely to be obese than heterosexual women.⁴¹ African American women also experience higher rates of obesity.⁴² Black lesbians should be a priority population in obesity prevention and weight reduction efforts. Data also shows that LGBTQ people smoke cigarettes at 1.5 to 2.5 times the rate of heterosexual and non-transgender people.⁴³ We recommend that the partnerships established in CTG communities are reflective and representative of the LGBTQ community and that strategies developed to address active living, healthy eating, and tobacco-free living are inclusive of LGBTQ people, with a particular emphasis on youth. The department should likewise consider the health needs of LGBTQ youth across its Mass in Motion initiative and in the newly established Prevention and Wellness Trust Fund.

⁴¹ Boehmer, U., Bowen, D., & Bauer G. (2007). Overweight and obesity in sexual minority women: evidence from population-based data. *Am J Pub Health*. 97, 1134-1140. Cited in Mayer, K., Bradford, J., Makadon, H., Stall, R., Goldhammer, H., Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *Am J Public Health*. 98, 989-995.

⁴² Office of Minority Health. Obesity and African Americans. October 11, 2013. <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6456>. Accessed December 10, 2013.

⁴³ Lee, J., Griffin, G., & Melvin, C. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. *Tob Control*. Aug 2009; 18(4):275-282.

6. **Prioritize HIV prevention and care to address the increase in new infections among LGBTQ youth, particularly Black and Latino gay and bisexual men in Massachusetts, and the sharp rise in Hepatitis C infections among young injection drug users.** While Massachusetts has had sustained success in reducing new HIV infections by 45 percent during the past decade, new infections are rising among young Black gay and bisexual men, including adolescents. African Americans and Latinos are disproportionately affected by HIV in Massachusetts, as they are nationally. Unfortunately, Massachusetts has been punished for its success at the national level, with funding for HIV prevention and care dramatically reduced by the federal government and state appropriators. The decline in new HIV infections in the Bay State has leveled out in the last year or so, and the HIV epidemic continues to disproportionately burden gay and bisexual men and transgender women, especially Black and Latino members of these communities. A related concern is Hepatitis C. According to a 2012 DPH report, new Hepatitis C infections among adolescents and young adults who inject drugs increased 74 percent from 2002 to 2009.⁴⁴ Recognizing the challenges posed by the loss of \$4 million in recent years, we recommend that the department think creatively about how to address HIV and Hepatitis C prevention and care, particularly among the populations most heavily impacted, including transgender youth. We urge the department to prioritize increasing the number of individuals tested for HIV and Hepatitis C, improve treatment outcomes for those who test positive, and reduce the spread of these diseases.

Training

7. **Expand ongoing efforts to train the service providers funded by the Bureau of Substance Abuse Services in addressing the unique needs of LGBTQ youth.** Through the support of its LGBTQ Advisory Board, the Bureau of Substance Abuse Services (BSAS) has started to collect data on LGBTQ individuals served through BSAS programs and has issued practice guidance for providers on serving LGBTQ adults. In the past year, BSAS has also developed a multiyear plan to improve the cultural competency of providers, and has offered three trainings with youth residential programs and recovery high schools through a Substance Abuse and Mental Health Services Administration Technical Assistance grant. We encourage the department to support the ongoing work of BSAS to improve treatment accessibility, resources, and services for LGBTQ youth, and to use BSAS as a model for similar initiatives within other DPH bureaus. We also urge BSAS to complement its youth-focused trainings by finalizing and distributing the LGBTQ Youth Practice Guidance currently in development.
8. **Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at various levels of care within contracting organizations participate in mandatory LGBTQ cultural competence training with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We especially prioritize attention to serving LGBTQ youth in the areas of teen pregnancy, substance abuse, tobacco use, homelessness,

⁴⁴ Massachusetts Department of Public Health. (2012). Shifting epidemics: HIV and Hepatitis C Infection among injection drug users in Massachusetts. <http://www.mass.gov/eohhs/docs/dph/aids/shifting-epidemics-report.pdf>

violence prevention, domestic violence, sexual assault services, behavioral emergency services, and suicide prevention. We encourage the department to rely on state-funded providers to implement vendor training (e.g., cultural competence trainings by The Network/La Red). We also recommend that hospital staff, DPH Sexual Assault Nurse Examiners, school health center nurses, and all other health care providers under the purview of DPH become familiar with the World Professional Association of Transgender Health (WPATH) *Standards of Care for Transgender, Transsexual, and Gender Nonconforming People* (7th ed., July 2012), as well as the *Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*, published by the American College of Physicians (see Appendix). Both of these publications offer practical guidelines and sample questions for providing confidential, compassionate, clinically appropriate, and culturally responsive healthcare to LGBTQ patients. We also suggest that DPH look to New York City's training program for the citywide public healthcare system as a model.

Policies & Guidance

9. **Direct the Division of Health Professions Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.** Despite years of training, medical providers are often not equipped to navigate LGBTQ youth health concerns. For example, the majority of medical schools dedicate five hours or less to LGBTQ topics and a full third spend no time on this topic at all.⁴⁵ Accurate and up-to-date LGBTQ medical information and cultural competency training is vital to ensuring medical professionals are able to appropriately assess and respond to the needs of LGBTQ youth. We hope that by working with the Board of Registration in Medicine, the Division of Health Professions Licensure can ensure that medical staff and personnel are informed about and responsive to the health concerns unique to LGBTQ youth. Continuing medical education on LGBTQ youth health needs for health care providers licensed by the department, including advanced practice nurses, nurses, physicians assistants, dentists and dental assistants, community health workers, and other health care providers, is critical to meeting the health needs of this vulnerable population.

⁴⁵ Obedin-Maliver, J., Goldsmith, E. S., Stewart, L., White, W., Tran, E. & Lunn, M. R. (2011). Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *Journal of the American Medical Association*, 306 , 971–977.

Office for Refugees & Immigrants

The Office for Refugees & Immigrants (ORI) is charged with promoting “the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of Massachusetts.” Largely through resources from the federal Office of Refugee Resettlement, ORI provides funding to refugee resettlement providers to support some of the most vulnerable refugees to the United States who are admitted on humanitarian grounds, and plays a critical role in ensuring that adequate services are available to LGBTQ immigrant youth. Under the leadership of Executive Director Josiane Martinez, ORI has been a strong supporter of LGBTQ immigrant youth. This is our first year issuing recommendations to ORI, and we look forward to further developing a collaborative relationship. We also thank ORI for its direction of some funding to provider seminars on obstacles facing LGBTQ immigrants, including youth.

ORI Recommendations

1. Collaborate with the Safe Schools Program to incorporate information on LGBTQ youth and bias-based bullying into the Refugee School Impact Program.
2. Distribute resources, visuals and informational materials to refugee resettlement providers and immigration service providers about the LGBTQ community and other resources.
3. Increase access to LGBTQ youth resources that provide assistance in obtaining asylum by making available on ORI’s website a list of organizations providing free legal services.
4. Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.

Background

LGBTQ refugee and immigrant youth live within a system in which their immigration status compounds the challenges and complexities faced by the LGBTQ youth population broadly. As refugees, they must navigate the challenges of living as an “outsider” in the United States, as well as isolation or harassment that they may face within immigrant communities as a result of their sexual orientation and gender identity.⁴⁶ This dual-layer minority status often manifests in fear of and distrust toward figures of authority and obstacles to accessing resources and support. The importance of meeting LGBTQ youth where they are – both geographically and psychologically – is especially pronounced for refugee and immigrant youth populations. These are youth in desperate need of information and, often, protection.

LGBTQ youth who lack legal immigration status are especially vulnerable to coercion and abuse. In some instances, families have threatened not to or refused to sponsor LGBTQ-identified children. Services for LGBTQ immigrant youth should be trauma-informed and culturally competent, taking into account the experiences of LGBTQ youth before becoming refugees as well as the distinct characteristics and dynamics among various immigrant communities,

⁴⁶ Heartland Alliance. (2011). “Rainbow Welcome Initiative: An Assessment and Recommendations Report on LGBT Refugee Resettlement in the United States.” Retrieved from: http://www.rainbowwelcome.org/uploads/pdfs/ORR%20Report%20MASTER%20COPY_01.2012.pdf

including various attitudes towards LGBTQ people. Individuals who do seek legal aid may be manipulated by unscrupulous attorneys or *notarios*, hindering chances for immigration relief.

LGBTQ immigrant youth suffer from abandonment, abuse, or neglect on account of their sexual orientation, gender identity and/or gender expression, whether in their home in the United States or in their countries of origin. Though federal immigration law establishes protections for undocumented immigrant children who are victims of abandonment, abuse, or neglect, most of these protections are time-sensitive and are often too late. Massachusetts has an opportunity to lead efforts to ensure that eligible immigrant LGBTQ children have a chance to apply for protection.

Expanded Recommendations

Resources

1. **Collaborate with the Safe Schools Program to incorporate information on LGBTQ youth and bias-based bullying into the Refugee School Impact Program.** We encourage ORI to invite the Safe Schools Program for LGBTQ Students, administered jointly by the Commission and the Department of Elementary and Secondary Education (ESE), to meetings or events with the Refugee School Impact Program in order to foster collaboration between the programs and deepen knowledge among students, parents, and school and program staff about the issues facing LGBTQ refugee youth. We further recommend that ORI partner with the Safe Schools Program, ESE, and other state and community partners to offer resources and professional development to school personnel and program providers on bias-based bullying, including information on the students most at risk and best practices for addressing it.
2. **Distribute resources, visuals and informational materials to refugee resettlement providers and immigration service providers about the LGBTQ community and other resources.** The Commission is eager to work with ORI to develop and distribute informational posters supporting LGBTQ immigrant youth where immigrant youth congregate and receive services. We recommend the visible placement of culturally sensitive LGBTQ-affirming messaging and LGBTQ-directed resources in all spaces providing services through ORI. In particular, we recommend providing affirming materials and information about local LGBTQ resources to youth and families through the Unaccompanied Refugee Minors Program. Where possible, we also suggest that ORI facilitate the distribution of resources aimed at LGBTQ refugee youth at other locations accessed by refugee youth, including public schools, youth programs, homeless shelters, LGBTQ drop-in centers, community centers, hospitals, places of worship, community organizations, and libraries. We are particularly interested in developing materials in multiple languages.
3. **Increase access of LGBTQ youth to resources about and assistance obtaining asylum by making available on ORI's website a list of organizations providing free legal services.** We recommend that ORI host a multilingual webpage of information on protections available to immigrant youth and resources including state offices and

LGBTQ-friendly legal service providers. To further safeguard against exploitation, the page should warn individuals of *notarios* and unlicensed attorneys.

Training

4. **Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at contracting agencies attend mandatory LGBTQ cultural competency trainings, with the specific goal of supporting employees to provide culturally responsive and trauma-informed services for LGBTQ youth. Trainings should include information on the needs of LGBTQ refugee youth and best practices for serving and supporting them and their families in an affirming and culturally sensitive manner; these could be offered through independent workshops or incorporated into preexisting trainings. We urge ORI to provide the resources and support needed to realize such trainings, and to collaborate with the Department of Children and Families or other agencies where appropriate, particularly in offering professional development to case managers in the Unaccompanied Refugee Minors Program.

Department of Transitional Assistance

The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve quality of life. We welcome the collaboration with Commissioner Stacey Monahan and her staff, and appreciate the work that has already been done to make the regional DTA offices more affirming of LGBTQ youth by including positive messaging and by agreeing to provide customer service trainings to all caseworkers.

DTA Recommendations

1. Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation (including same-sex behavior) and gender identity.
2. Improve accessibility of public assistance to LGBTQ youth through welcoming visuals.
3. Create a working group of dedicated DTA staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.
4. Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.
5. Require vendors to provide training and professional development to case workers on sexual orientation, gender identity, and the needs of LGBTQ youth.

Background

Compared to their heterosexual peers, LGBTQ youth are both more likely to experience homelessness and more likely to stay with strangers than at a shelter. As many as 40 percent of unaccompanied homeless youth are LGBTQ; they experience greater disparities in health and safety outcomes.⁴⁷ Homeless sexual minority youth are at greater risk for negative health outcomes and risk behaviors, including mental health issues,⁴⁸ and are more likely to engage in high risk sexual behavior.⁴⁹ According to an analysis of state data, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless, compared to only three percent of heterosexual teens.⁵⁰ LGBTQ youth of color are particularly at risk, with 65 percent of homeless individuals identifying as a racial minority.⁵¹

According to a 2013 report by Massachusetts Alliance on Teen Pregnancy, as many as 30 percent of teen parents in Massachusetts have experienced homelessness, many of whom have experienced trauma and exploitation. That same report identifies LGBTQ youth as at high risk

⁴⁷ Ray, *Lesbian, gay, bisexual and transgender youth*; Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people*.

⁴⁸ Cochran et al., *Challenges faced by homeless sexual minorities*; Van Leeuwen et al., *Lesbian, gay, and bisexual homeless youth*; Gangamma et al., *Comparison of HIV risks*.

⁴⁹ Marshal et al., *Individual trajectories of substance use*; Kipke et al., *The health and health behaviors of young men who have sex with men*.

⁵⁰ Corliss et al., *High burden of homelessness*.

⁵¹ Bridges, *The impact of homophobia and racism*.

for familial instability, trauma, and teen pregnancy – some of whom are likely to be the same youth receiving and/or in need of services and support from DTA.⁵²

Expanded Recommendations

Data Collection

1. **Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation (including same-sex behavior) and gender identity.** DTA tracks benefit applications and utilization through the Common Application/Virtual Gateway. This form is being revised early next year and provides an opportunity for DTA to include fields on the form for disclosure of sexual orientation and gender identity. The form should also provide fields for individuals to share their preferred name to be used by DTA staff. Further, we urge DTA to provide training to staff to protect the confidentiality and privacy of LGBTQ youth. We also suggest that DTA track whether applicants for food stamps and cash assistance identify as LGBTQ in order to better understand and address the specific needs of LGBTQ youth who are or could be accessing DTA services.

Resources

2. **Improve accessibility of public assistance to LGBTQ youth through welcoming visuals.** We recommend increasing access to services by offering a “rights and responsibilities” or a “what to expect” guide at all DTA offices. Additionally, we urge the display of recognizable supportive symbols on the DTA televisions in regional offices and in written materials. Research shows that publicly identifying allies in social service settings through symbols such as Safe Space stickers and rainbow flags signals to LGBTQ youth that they are in a safe, welcoming setting and promotes a climate of acceptance.⁵³
3. **Create a working group of dedicated DTA staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.** As exemplified by the LGBTQ liaisons within the Department of Children and Families, designating staff to focus on cultural competence and expertise makes a tremendous difference in implementing policies and practices that improve services for LGBTQ youth. We urge the department to create an internal working group and specifically charge the group to: (1) advise on inclusion of clear non-discrimination policies regarding sexual orientation and gender identity; (2) perform quality assurance of providers’ policies; (3) develop guidance on transgender client service and program access; and (4) review contracts with DTA-funded agencies to ensure gender identity anti-discrimination protections. (The Appendix includes sample guidance from Massachusetts Transgender Political Coalition and the National Gay and Lesbian Task Force websites).

⁵² Massachusetts Alliance on Teen Pregnancy. Living on the Edge: The Conflict and Trauma that Lead to Teen Parent Homelessness. Boston, MA. Summer 2013. Retrieved from <http://www.massteenpregnancy.org/sites/default/files/publications/matpliving-edgesummer2013.pdf>

⁵³ Poynter, K. J. & Tubbs, N. J. (2007). Safe zones: Creating LGBT safe space ally programs. Journal of LGBT Youth, 5(1), 121-132

Training

4. **Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.** Domestic Violence (DV) Specialists at DTA have independently sought out LGBTQ cultural competence DV training from community organizations, including Fenway Health's Violence Recovery Program and The Network/La Red. We recommend that DTA incorporate routine LGBTQ cultural competency training for all staff, and update customer service protocols to better meet the needs of LGBTQ youth clients. We encourage DTA to collaborate with other state agencies and community partners where possible to realize these trainings.
5. **Require vendors to provide training and professional development to case workers on sexual orientation, gender identity, and the needs of LGBTQ youth.** Understanding the needs of LGBTQ youth is critical to providing responsive, trauma-informed services to LGBTQ youth, not only within state agencies but also within vendors providing state services. We recommend that all youth-serving employees within contracting agencies attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees in addressing the unique needs of LGBTQ youth. We encourage the department to rely on state-funded providers for assistance with training and to collaborate with other agencies and community partners where appropriate.

Department of Youth Services

The Department of Youth Services (DYS) is the state agency charged with serving youth committed as juvenile delinquents or youthful offenders. We commend DYS and former Commissioner Ed Dolan for working on policy and guidelines to address the needs of LGBTQ youth. DYS has considered policies from other jurisdictions, and has held several meetings to consider how best to serve this population. We look forward to working with Commissioner Peter J. Forbes throughout this process, and encourage DYS to continue with the progress made since the Commission's previous recommendations.

DYS Recommendations

1. Modify intake forms to be LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Build an internal working group to address the needs of LGBTQ youth in DYS care.
3. Respect the gender identity and expression of all youth, including by (a) housing youth consistent with their gender identity absent a safety-based objection by the youth; and (b) providing medical care for transgender youth that is based on accepted standards of care.
4. Expand LGBTQ training curriculum for incoming and existing staff, and ensure that all training and curriculum for youth in DYS care is LGBTQ-inclusive.
5. Work with vendor providers to develop effective and confidential ways of assessing sexual orientation and gender identity, and continue working towards providing sexual health services accordingly.
6. Continue to develop and implement more inclusive policies for LGBTQ youth beyond the minimum expectations of the federal Prison Rape Elimination Act (PREA), including PREA Juvenile Facility Standards and changes to search and confinement policies.

Background

Based on the risk factors outlined by the U.S. Office of Juvenile Justice Detention Prevention, LGBTQ youth are at a heightened risk of becoming involved with the juvenile justice system.⁵⁴ According to the Journal of Pediatrics, lesbian, gay, and bisexual (LGB) youth are 40 percent more likely than other teens to be punished by school authorities, police, and the courts.⁵⁵

On average, LGB and questioning youth spend more time in the juvenile justice system than their non-LGB counterparts, and are more likely to be targeted by police and/or detained.⁵⁶ Nationally, LGBTQ youth are twice as likely to be detained for non-violent crime, and comprise

⁵⁴ Shader, M. (2003). Risk factors for delinquency: An overview. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/frd030127.pdf>

⁵⁵ Annie E. Casey Foundation. (2011). Lesbian, gay, bisexual teens face harsher punishment. JDAI News. Retrieved from <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources/JDAI/2011/Spring%202011/Juvenile%20Justice%20Updates/Lesbian%20gay%20bisexual%20teens%20face%20harsher%20punishment.aspx>

⁵⁶ Majd K, Marksamer J, & Reyes C. (2009). Hidden injustice: Lesbian, gay, bisexual and transgender youth in juvenile courts. Washington, DC: Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights. http://www.equityproject.org/pdfs/hidden_injustice.pdf

15 percent of the national detention population.⁵⁷ Harassment and victimization experienced by LGBTQ youth can increase their risk of involvement with the juvenile justice system.⁵⁸

LGBTQ youth who enter detention facilities across the U.S. face emotional, sexual, and physical abuse from other youth and even facility staff.⁵⁹ In a survey by the National Center for Lesbian Rights, approximately 80 percent of detained youth reported their safety threatened.⁶⁰ According to the U.S. Bureau of Justice Statistics, nationally non-heterosexual youth are twice as likely to report being sexually victimized when in detention as heterosexual youth, and ten times as likely to report being victimized by another youth detainee. A striking 11.2 percent of non-heterosexual youth report sexual victimization by facility staff versus 10.2 percent of heterosexual youth.⁶¹

The federal government has acknowledged these stark disparities by modifying the federal Prison Rape Elimination Act (PREA) to include provisions for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) youth.

Expanded Recommendations

Data Collection

1. **Modify intake forms to be LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity.** We urge DYS to adopt LGBTQ-inclusive intake forms and implement routine, state-led data collection on sexual orientation (including same-sex behavior) and gender identity. Only by collecting data on sexual orientation and gender identity can DYS make data-driven decisions. We urge DYS to train all youth-serving personnel on respectful and confidential intake and data collection procedures. For example, if a client expresses reluctance to share their sexual orientation or gender identity, staff should have the option to mark “Not disclosed.” Clients should be assured that DYS prohibits discrimination on sexual orientation and gender identity. Clients should also be told by staff that their self-disclosed sexual orientation and gender identity will not be shared by staff to any other clients or to the client’s family, visitors, or other people except health care providers as appropriate.

⁵⁷ Irvine, A. (2010). “We’ve had three of them”: Addressing the invisibility of lesbian, gay, bisexual, and transgender youth in the juvenile justice system. *Columbia Journal of Gender and Law*, 19(3), 675-701.

⁵⁸ Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *The Journal of Sex Research*, 41(4), 329-342.

⁵⁹ Majd et al., *Hidden injustice*.

⁶⁰ Ibid.

⁶¹ Beck A, Harrison P, & Guerino P. (2010). *Bureau of Justice Statistics Special Report: Sexual victimization in juvenile facilities reported by youth, 2008-09*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <http://bjs.ojp.usdoj.gov/content/pub/pdf/svjfry09.pdf>. Accessed January 15, 2013.

Further, we recommend that DYS adopt data collection procedures that document the outcomes for LGBTQ youth in state custody to assess the areas of greatest need within DYS as well as the effectiveness of LGBTQ cultural competency trainings.

Resources

2. **Build an internal working group to address the needs of LGBTQ youth in DYS care.**

As we have seen in the child welfare context, systemic change to improve the experiences of LGBTQ youth is best achieved through the ongoing efforts of committed personnel within the agency itself. We recommend that DYS explore a scheme similar to the Department of Children and Families liaisons model and designate committed staff at service and management levels to serve as an internal resource for LGBTQ youth in the state's care.

3. **Respect the gender identity and expression of all youth, including by:**

- a. **Housing youth consistent with their gender identity absent a safety-based objection by the youth; and**
- b. **Providing medical care for transgender youth that is based on accepted standards of care.**

Proactive changes to these policies are critical to the safety and wellbeing of LGBTQ youth in DYS custody.

Training

4. **Expand LGBTQ training curriculum for incoming and existing staff, and ensure that all training and curriculum for youth in DYS care is LGBTQ-inclusive.** We applaud the department's implementation of a LGBTQ cultural competency training in collaboration with Health Imperatives, and hope that such trainings continue on a routine basis. We also encourage the department to foster ongoing partnerships between DYS and other youth-serving agencies to more efficiently share resources, conduct training, and offer professional development.

Policies and Guidance

5. **Work with vendor providers to develop effective and confidential ways of assessing sexual orientation and gender identity, and continue working towards providing sexual health services accordingly.** In an effort to provide affirming health services to all youth, the Commission recommends that DYS work with vendor providers on overcoming privacy-related obstacles to providing inclusive, quality medical and mental health care. We urge staff to create a confidential and safe environment for LGBTQ youth and ensure that youth are able to comfortably access sexual health services.
6. **Continue to develop and implement more inclusive policies for LGBTQ youth beyond the minimum expectations of the federal Prison Rape Elimination Act (PREA), including PREA Juvenile Facility Standards and changes to search and**

confinement policies. As DYS amends standing policies to ensure compliance with PREA, we recommend the following policy changes:

- a. Modify intake forms to allow youth in DYS care to disclose their preferred name, which would then be utilized within DYS in lieu of the youth's legal name.
- b. House youth consistent with their stated gender identity absent safety-related concerns expressed by the youth.
- c. Modify the language in policy *1.05.06(a): Client Sexual Misconduct* to state that employees shall not prohibit or discourage communication or interaction between youth of the same sex that is not also prohibited or discouraged between youth of different sexes (e.g., expressions of romantic or emotional attraction).

2. EDUCATION RECOMMENDATIONS

The Executive Office of Education is responsible for coordinating initiatives across the Commonwealth's early education, K-12, and public higher education institutions, with an emphasis on ensuring access to quality education for all students, reducing achievement gaps for marginalized populations, and creating an integrated public education system that supports learning from an early age through adulthood. The Commission is pleased to once again be working with agencies within the Executive Office of Education to foster safe and supportive learning environments for all students and to ensure that LGBTQ youth are able to access the education they need to reach their full potential.

The Commission's relationship with Education agencies continues to grow. We point to our recent Memorandum of Understanding with the Department of Elementary and Secondary Education (ESE), and our successful collaborations with ESE on parental notification about bullying incidents and on guidance for schools on implementing *An Act Relative to Gender Identity*. We are also pleased to continue working with the Department of Early Education and Care and to have renewed our partnership with the Department of Higher Education. We look forward to working with the Executive Office of Education to address data, resources, training, and policies and guidance.

Department of Early Education and Care

The Department of Early Education and Care (EEC) not only provides guidance on early education, but also has important priorities working with teenage parents and licensing child-serving organizations that work with state government, including temporary shelters and foster homes. We look forward to continuing our relationship with EEC, now under the leadership of Commissioner Tom Weber, to address issues relating to LGBTQ youth.

EEC Recommendations

1. Share lists of LGBTQ-affirming residential placements with the Department of Children and Families.
2. Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.
3. Work with all EEC licensed or approved programs and facilities to ensure they are affirming of LGBTQ youth.
4. Expand protections for transgender and gender-nonconforming youth and parents by developing practice guidance and adding gender identity as a protected class in all regulations that reference non-discrimination.

Background

Given the disproportionate rates of family rejection and homelessness among LGBTQ youth, temporary shelters, foster families, and other state-licensed care facilities play a significant role in the lives of LGBTQ youth. Unfortunately, many LGBTQ young people continue to report negative experiences in such spaces. While state-based data is limited, according to a guide by the American Bar Association, nearly 100 percent of LGBTQ youth in group homes had experienced verbal harassment.⁶² In the same study, 70 percent reported being subject to violence, and 78 percent had either run away or been removed from a foster placement for reasons relating to their sexuality. In other instances, youth find themselves forced “back into the closet” by foster parents or professional staff who encourage youth in care to suppress their identities. Without access to supportive care and caregivers, LGBTQ youth have heightened risks of negative health outcomes and face a more difficult transition to adulthood.⁶³

Additionally, many LGBTQ youth who live with their families still struggle with unsupportive home environments. Providers of after-school or “out of school time” (OST) programs are well positioned to reach out to LGBTQ youth who are searching for alternatives to spending time at home and to provide strong role models and resources that promote resiliency.

⁶² Laver, M. & Khoury, A. (2008). Opening doors for LGBTQ youth in foster care: A guide for lawyers and judges. American Bar Association

⁶³ Child Welfare League of America. (2012). Recommended practices to promote the safety and well-being of LGBTQ youth and youth at risk of or living with HIV in child welfare settings. Retrieved from <http://www.cwla.org/newsevents/recommended-practices-youth.pdf>

Expanded Recommendations

Resources

1. **Share lists of LGBTQ-affirming residential placements with the Department of Children and Families.** There continues to be an urgent need for – and promotion of existing – safe spaces for LGBTQ youth throughout the Commonwealth, particularly in central and western Massachusetts. There is significant overlap in the populations that EEC and the Department of Children and Families serve in the child welfare arena. In addition to Waltham House, a group home designed to provide a safe and supportive living environment for LGBTQ youth, there are dedicated beds for LGBTQ youth in pre-independent living programs in Lowell (The GRIP Project of JRI), the Boston Metro-West area (Wayside Youth & Family), and an additional space in Waltham (Rediscovery House). We urge EEC and DCF to work collaboratively to ensure that DCF workers are aware of these resources, and can make proper referrals.

Training

2. **Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.** We recommend that all youth-serving employees at EEC licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training, and encourage EEC to support licensees in providing the resources staff need to effectively serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. We urge EEC to collaborate with community partners and other state agencies where appropriate to ensure educators and staff receive adequate training and professional development. We also understand that EEC has considered using online training modules for this purpose and are eager to work with EEC to realize this opportunity.

Policies and Guidance

3. **Work with all EEC licensed or approved programs and facilities to ensure that they are affirming of LGBTQ youth.** All EEC licensed or approved programs and facilities that receive government funds to provide social services or that care for children in state custody regardless of religious affiliation must adhere to professional and legal standards of care: providing nondiscriminatory, competent and nonjudgmental services to LGBTQ youth and foster and adoptive parents. We recommend that EEC licensed or approved programs and facilities agree not only to comply with nondiscrimination policies but also commit to proactively creating safe and affirming services for LGBTQ youth. Considering the crossover between EEC, the Department of Children and Families, and Department of Youth Services in oversight and funding of youth-serving programs and facilities, the Commission suggests that these three state agencies jointly coordinate these services.

4. **Expand protections for transgender and gender-nonconforming youth and parents, by developing practice guidance and adding gender identity as a protected class in all regulations that reference non-discrimination.** We urge EEC to think broadly about how to ensure that transgender and gender-nonconforming youth and their parents are not subject to discrimination or biased treatment by licensees in out-of-school time programs, adoption, foster care, and childcare services. We encourage EEC to refer to the Department of Elementary and Secondary Education's guidance on creating a safe and supportive environment for transgender students as a model. In addition, EEC has yet to incorporate gender identity as a protected class in its regulations, as per An Act Relative to Gender Identity, which passed in 2011. We recommend that EEC revise and update its regulations to include gender identity as a protected category under anti-discrimination regulation 102 CMR 1.03, and to provide practical and concrete guidance on the full implementation of these updates.

Department of Elementary and Secondary Education

The Department of Elementary and Secondary Education (ESE) enrolls nearly one million students from pre-kindergarten through high school. Since 1993, the Safe Schools Program for LGBTQ Students at ESE has been a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. At one time, ESE was able to fund the Safe Schools Program at up to \$800,000 annually, until the loss of tobacco settlement funds in the 2000s. The Commission has supported the department in increasing its capacity to create landmark policies, to provide professional development and technical assistance to schools, and to promote student leadership development.

The Commission has been working in collaboration with ESE on multiple initiatives for several years: trainings for school personnel on bias-based bullying; the formation of a statewide network of Gay / Straight Alliances (GSAs) and similar organizations; and implementation of policy guidance to fully implement An Act Relative to Gender Identity. We are grateful to Commissioner Mitchell Chester for his leadership on these critical issues and the support of key staff, including John Bynoe, Diane Curran, Rachelle Engler-Bennett, Anne Gilligan, Carol Goodenow, Joy Robinson-Lynch, Sarah Slautterback, Donna Taylor, and Carole Thompson. We also thank the department for providing space and support for Safe Schools staff.

We are also pleased that Massachusetts is now collecting information on the experiences of transgender students through the Massachusetts Youth Risk Behavior Survey (MYRBS) and support the continued inclusion of a question on gender identity in the survey. Through the establishment of our first Memorandum of Understanding (MOU) with a state agency to further coordination of the joint Safe Schools Program, we look forward to strengthening our partnership while expanding our mutual capacity to support schools and LGBTQ students.

Recognizing the importance of GSAs in school climate change and the promotion of student leadership and resiliency, the Commission and ESE launched the student-run, adult-supported Massachusetts GSA Network. Modeled on the State Student Advisory Council to the Board of Education, the GSA Network is comprised of a State GSA Leadership Council and five Regional GSA Leadership Councils. Councils meet bimonthly to develop recommendations to ESE and to the Commission and to support students in networking, developing leadership skills, and shifting school culture. As part of the Network, the Commission and ESE have collaborated for the past three years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts.

ESE Recommendations

1. Deliver a presentation on LGBTQ youth to the Board of Elementary and Secondary Education at least every two years to coincide with the availability of new MYRBS and other data.
2. Jointly coordinate the Safe Schools Program for LGBTQ students to build capacity to deliver technical assistance, training, and support to schools.
3. Provide expanded resources and technical assistance to schools, LGBTQ youth, and families through the establishment of partnerships with other state agencies, families, community-based groups, organizations, and associations.
4. Work to integrate LGBTQ-related topics into appropriate curricula across all grade levels.
5. Disseminate an annual communication to schools reinforcing the requirements of the anti-bullying and anti-discrimination laws with regard to implications for LGBTQ students.

Background

LGBTQ students face significant barriers to accessing a quality education. Data from the MYRBS indicates that LGB youth are significantly more likely than other students to skip school due to feeling unsafe, experience bullying, or be threatened or injured by a weapon at school.⁶⁴ LGBTQ youth, particularly LGBTQ youth of color, are also disproportionately likely to experience suspensions and other punitive discipline methods that interfere with learning and, in some instances, increase the likelihood of school dropout and interaction with the juvenile justice system.⁶⁵ As a result of cycles of violence and victimization, LGBTQ youth are also more likely to engage in behaviors such as carrying a weapon at school or joining a gang.⁶⁶

Despite this alarming data, research indicates that schools can foster resiliency and provide needed supports for LGBTQ students. For instance, a safe school climate has been identified as an important factor in suicide prevention.⁶⁷

Research consistently finds that opportunities for leadership and meaningful participation are central to positive youth development and resilience. The literature also demonstrates that school-based GSAs are an effective strategy for achieving positive youth development and healthy outcomes.⁶⁸ A study comparing schools with and without GSAs found that sexual

⁶⁴ Goodenow, *Prevention needs*.

⁶⁵ Himmelstein, K. E. W. & Bruckner, H. (2010). Criminal justice and school sanctions against nonheterosexual youth: A national longitudinal study. *Pediatrics*, 49-57. Retrieved from <http://pediatrics.aappublications.org/content/early/2010/12/06/peds.2009-2306.full.pdf+html>; The Advancement Project, Alliance for Educational Justice, and GSA Network. (2012). Two Wrongs Don't Make a Right. Retrieved from http://b3cdn.net/advancement/73b640051a1066d43d_ym6rkffb.pdf

⁶⁶ Goodenow, *Prevention needs*.

⁶⁷ Haas et al., *Suicide and suicide risk*.

⁶⁸ Mayberry, M. (2013) Gay-straight alliances: Youth empowerment and working toward reducing stigma of LGBT youth. *Humanity & Society*, 37, 35-54; Poteat, V. P., Sinclair, K. O., DiGiovanni, C. D., Koenig, B. W., & Russell, S. T. (2013). Gay-Straight Alliances are associated with student health: A multi-school comparison of LGBTQ and heterosexual youth. *Journal of Research on Adolescence*, 23, 319-330; Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting risks: High school Gay-Straight Alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. *School Psychology Quarterly*, 26, 161-174; Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2011).

minority students in schools with a GSA were one third as likely to report multiple past-year suicide attempts. These students were also half as likely to report dating violence, being threatened or injured at school, and skipping school due to fear.⁶⁹ Since 1993, when support for GSAs was included in the *Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students*, the Commission and ESE have invested substantial resources in developing and supporting these school-based groups.

While support for LGBTQ youth is necessary in the family and in the community, it is critical that LGBTQ youth feel safe and affirmed in educational settings. Successful completion of high school is a building block for a self-determined and self-actualized life. The majority of LGBTQ youth share the experience of attending school, and a failure to ensure access to equal educational opportunities increases the likelihood for school drop-out and other health and safety risks. LGBTQ students cannot succeed educationally without deliberate efforts by administrators and staff to erase the culture of homophobia and transphobia that remains prevalent both in and outside of our schools. Effective campaigns to improve school climate for LGBTQ youth and to reduce bullying include faculty training, student education, and LGBTQ support groups. We look forward to continuing to work with ESE to provide and support such resources and promote the safety and inclusion of all students.

Expanded Recommendations

Data Collection

1. **Deliver a presentation on LGBTQ youth to the Board of Elementary and Secondary Education at least every two years.** Jointly develop and deliver a presentation on LGBTQ youth to the Board of Elementary and Secondary Education at least every 24 months. The presentation should include information such as the MYRBS data and our collaborative efforts as outlined in the MOU signed by ESE Commissioner Mitchell Chester and Commission Chair Julian Cyr on September 18, 2013.

Resources

2. **Jointly coordinate the Safe Schools Program to build capacity to deliver technical assistance, training, and support to schools.** Jointly promote and coordinate the Safe

High school gay-straight alliances (GSAs) and young adult well-being: An examination of GSA presence, participation, and perceived effectiveness. *Applied Developmental Science*, 15, 1-11; Walls, N.E., Kane, S.B., & Wisneski, H. (2010). Gay-Straight Alliances and school experiences of sexual minority youth. *Youth and Society*, 41, 307-332; Watson, L. B., Varjas, K., Meyers, J., & Graybill, E. C. (2010). Gay-Straight Alliance advisors: Negotiating multiple ecological systems when advocating for LGBTQ youth. *Journal of LGBTQ Youth*, 7, 100-128; Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school Gay-Straight Alliances. *Journal of Youth and Adolescence*, 38, 891-903; Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, 43, 573-589; Griffin, P., Lee, C., Waugh, J., & Beyer, C. (2004). Describing roles that Gay-Straight Alliances play in schools: From individual support to social change. *Journal of Gay & Lesbian Issues in Education*, 1, 7-22; Szalacha, L. A. (2003). Safer sexual diversity climates: Lessons learned from an evaluation of Massachusetts Safe Schools Program for gay and lesbian students. *American Journal of Education*, 110, 58-88.

⁶⁹ Goodenow et al., *School support groups*.

Schools Program for LGBTQ Students to maximize the effectiveness of our efforts and limited resources as follows:

- a. ESE and the Commission will collaborate to update and expand the web presence of the Safe Schools Program for LGBTQ students by developing and posting updated, accurate, and relevant resources and materials for LGBTQ youth, their families, teachers, and administrators.
 - b. ESE and the Commission agree that adequate space, workstations, support, and coordination will be provided for Commission-funded staff and consultants.
 - c. The Commission will fund a Train-the-Trainer program in FY14 so that ESE will be positioned to immediately provide increased technical assistance and professional development services to school district personnel in FY15 when the Centers for Disease Control grant funds become available. In addition, we will seek to identify funding resources and opportunities to increase our capacity to provide services to schools.
 - d. ESE and the Commission will jointly investigate effective models and structures for the Gay / Straight Alliance Network that will promote and increase student leadership and advocacy similar to the Massachusetts State Student Advisory Council model.
 - e. ESE and the Commission will coordinate a mini-grant program that will promote safe and supportive schools for LGBTQ youth, subject to available Commission funding.
3. **Provide expanded resources and technical assistance to schools, LGBTQ youth, and families through the establishment of partnerships with community-based groups, state agencies, organizations, and associations.** We recommend that ESE investigate the feasibility of adding additional partners to the MOU in order to expand the availability of resources to schools, students, and families through the establishment of partnerships with community-based groups, state agencies, organizations, and associations.
4. **Work to integrate LGBTQ-related topics into appropriate curricula across all grade levels.** Investigate the integration of LGBTQ-related topics such as LGBTQ-affirming and inclusive health education and the inclusion of the contributions to history by LGBTQ people of all races and ethnicities in school curricula and resource materials. Research shows that inclusion of LGBTQ topics in curricula corresponds to all students reporting that they feel safer in school, regardless of sexual orientation or gender identity.⁷⁰ A model worth consideration is California's FAIR Education Act of 2011. The law added the political, economic, and social contributions of LGBTQ people and people of various faiths to textbooks and the social studies curricula in California public schools; this landmark law complemented the existing list of under-represented cultural and ethnic

⁷⁰ Burdge, H., Sinclair, K., Laub, C., & Russell, S. T. (2012). Lessons that matter: LGBTQ inclusivity and school safety. Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14. Retrieved from http://www.gsanetwork.org/files/aboutus/PSH%20Report%206_2012.pdf; GLSEN (2011). Teaching respect: LGBT-inclusive curriculum and school climate (Research Brief). New York: GLSEN; Russell, S. T., Kostroski, O., McGuire, J. K., Laub, C., & Manke, E. (2006). LGBT issues in the curriculum promotes school safety. California Safe Schools Coalition Research Brief No. 4. Retrieved from <http://www.casafeschools.org/FactSheet-curriculum.pdf>

groups already enumerated in the state's inclusionary education requirements. Examples of important LGBTQ historical and cultural figures may include Walt Whitman, Magnus Hirshfeld, Gladys Bentley, Gertrude Stein, James Baldwin, Tennessee Williams, and Bayard Rustin, among numerous others. We understand that to integrate LGBTQ-related topics into appropriate curricula, ESE must pursue a deliberate, open and inclusive process for updating curriculum frameworks that will take time. However, efforts to create inclusive curricula are already afoot at the local level in Massachusetts; for example, Lowell Public Schools are already advocating for curricula that include the contributions of LGBTQ individuals. We urge ESE to support Lowell's efforts and encourage local school committees to consider such efforts across the state.

5. **Disseminate an annual communication to schools reinforcing the requirements of the anti-bullying and anti-discrimination laws especially with regard to implications for LGBTQ students.** The negative consequences of bullying and discrimination based on actual or perceived sexual orientation and gender identity are supported by wide-ranging research.⁷¹ In partnership with the Commission, we urge ESE to collaboratively develop an annual communication to school superintendents and principals to encourage schools to be proactive in creating safe environments and identifying services and resources available to provide support and assistance for LGBTQ youth. In addition, the communication should identify a primary contact on LGBTQ issues in districts and schools to facilitate communication and disseminate information.

⁷¹ LeVasseur, M.T., Kelvin, E.A., and Grosskopf, N.A. (2013). Intersecting identities and the association between bullying and suicide attempt among New York City youths: Results from the 2009 New York City Youth Risk Behavior Survey, *American Journal of Public Health*, 103(6), 1082-9; Berlan, E. D., Corliss, H. L., Field, A. E., Goodman, E., & Austin, S. B. (2010). Sexual orientation and bullying among adolescents in the growing up today study. *Journal of Adolescent Health*, 46, 366–371; Russell S.T., Ryan C., Toomey R.B., Diaz R.M., Sanchez J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *Journal of School Health*, 81, 223-230; Russell S.T., Sinclair K.O., Poteat V.P., Koenig B.W. (2012) Adolescent health and harassment based on discriminatory bias. *American Journal of Public Health*, 102(3), 493-495

Department of Higher Education

The Department of Higher Education (DHE) offers critical educational opportunities to nearly 300,000 students at fifteen community colleges, nine state universities, and the five campuses of the University of Massachusetts system. The department seeks to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment.

The Commission first issued recommendations to DHE in 1993 with a report entitled “Making Colleges and Universities Safe for Gay and Lesbian Students.”⁷² Two decades later, we are glad to be proposing recommendations to DHE and to have initiated a working relationship with Commissioner Richard Freeland and his senior staff. We welcome the opportunity to collaborate with the department to promote welcoming campus climates and improve educational outcomes for LGBTQ students at the collegiate level.

DHE Recommendations

1. Research and adopt LGBTQ-inclusive demographic forms and implement routine collection of data on sexual orientation (including same-sex behavior) and gender identity.
2. Review and support LGBTQ cultural competency training for college and university administrators.
3. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.
4. Support college and university policies that support gender-neutral and trans-inclusive housing.

Background

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continue beyond secondary school and into higher education for many students. A report by Campus Pride indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.⁷³ Harassment based on sexual orientation or gender identity may also intersect with racial bias,

⁷² Massachusetts Governor’s Commission on Gay and Lesbian Youth. (1993). Making colleges and universities safe for gay and lesbian students: Report and recommendations of the Governor’s Commission on Gay and Lesbian Youth. Retrieved from

<https://ia601608.us.archive.org/35/items/makingcollegesun00mass/makingcollegesun00mass.pdf>

⁷³ Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride. Retrieved from <http://www.campuspride.org/Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf>

resulting in even higher levels of harassment for LGBTQ people of color in higher educational settings.⁷⁴

Concerns over campus climate can interfere with the education of LGBTQ students, as LGBTQ college students are more likely to consider withdrawing from their institution and to fear for their physical safety.⁷⁵ Additionally, LGBTQ students often feel that their college or university does not provide adequate resources on LGBTQ issues or respond appropriately to issues of campus harassment.⁷⁶ We are particularly concerned that this may be the case in the state public higher education system, especially at community colleges where limited resources exist for student services.

The Commission strongly urges DHE to ensure that gender identity is incorporated into existing anti-discrimination policies and diversity plans consistent with An Act Relative to Gender Identity. Additionally, we encourage DHE to make available to state colleges and universities guidance, training, resources, and technical assistance to promote equal educational opportunities for LGBTQ students.

LGBTQ students interact with every facet of the higher education system, and we recommend that DHE assist public colleges and universities across the state in reexamining diversity plans and policies to ensure effective inclusion of and support for LGBTQ students, including but not limited to policies related to housing, bias incident reporting protocols, health services and health insurance plans, and changing identity documents.

Expanded Recommendations

Data Collection

1. **Research and adopt LGBTQ-inclusive demographic forms and implement routine collection of data on sexual orientation (including same-sex behavior) and gender identity.** We recommend that DHE include LGBTQ students when evaluating and addressing disparities in student success indicators by demographic variables (e.g. the Vision Project, the Patrick Administration's Strategic Plan for public higher education in Massachusetts). By modifying existing demographic collection mechanisms to be inclusive of LGBTQ individuals, public colleges and universities will be able to assess the status of LGBTQ initiatives on campus and subsequently utilize such data to improve policies, programs, and services to better ensure the educational and social success of LGBTQ students. We also suggest that DHE seek methods to adopt data collection procedures that document LGBTQ students' experiences with their respective colleges and universities as a means of assessing cultural competency at the 29 campuses across the state, and to assist individual campuses in doing the same. Data collection should occur in a manner that prioritizes the privacy and confidentiality of LGBTQ students.

⁷⁴ Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Taskforce. Retrieved from <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>

⁷⁵ Rankin et al., *2010 state of higher education*.

⁷⁶ Ibid.

Training

2. **Review and support LGBTQ cultural competency training for college and university administrators.** To better meet the needs of LGBTQ students and provide an academic and student life inclusive of sexual and gender minorities, public colleges and universities would benefit from administrators fluent in LGBTQ cultural competency. We recommend that DHE assess the status of LGBTQ cultural competency initiatives across the 29 campuses across the state. With such information, the department can identify campuses where competency is deficient and, in conjunction with the Commission, help those colleges and universities to provide routine and ongoing training. We encourage DHE and campuses to partner with local organizations, as well as to utilize existing state and national resources, to achieve a training protocol. We especially urge colleges and universities to consider the wide range of administrative and program staff that would benefit from LGBTQ cultural competency training, including deans, professors, counseling services, and campus safety.

Policies and Guidance

3. **Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias.** We recommend that DHE ensure that public colleges and universities explicitly outline potential consequences of bias-motivated incidents based on protected categories. Strong models for institutional response to bias incidents and hate crimes on campus already exist that could be replicated across the state system. The federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act already require reporting bias-motivated incidents, along with the federal Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act and Massachusetts hate crime statutes.
4. **Support college and university policies that support gender-neutral and trans-inclusive housing.** The Board of Higher Education recently approved a policy change to allow consideration of campus proposals to build residence halls at any of the state's fifteen community colleges. With the likely expansion of housing at public community colleges, this is an opportune moment for DHE to ensure compliance with the letter and spirit of An Act Relative to Gender Identity by providing for gender-neutral and trans-inclusive housing options in current and planned student housing.

3. OTHER AGENCIES

LGBTQ youth interact with state agencies and state-funded organizations in a wide range of settings, including shelters and housing programs, public transportation, and job training programs. While the Commission has long worked with agencies in the areas of Health and Human Services and Education, we are pleased to be proposing recommendations to three additional agencies this year to more fully address the needs of LGBTQ youth who are homeless, living in rural areas, and/or seeking employment skills and opportunities.

Executive Office of Housing and Economic Development
Department of Housing and Community Development

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners and of housing stabilization and emergency assistance programs. We are pleased to have begun working with DHCD Undersecretary Aaron Gornstein and his senior staff to address the critical housing needs of LGBTQ youth and young adults, and look forward to future policy success with the agency.

DHCD Recommendations

1. Provide at least one private bathroom and shower space for safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.
2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.
3. Explore opportunities to adapt the Family Unification Program to support LGBTQ populations.

Background

Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population, and are often subject to stigma and discrimination. Indeed, some estimates suggest that up to 40 percent of all homeless youth in the U.S. are LGBTQ.⁷⁷ Homeless LGBTQ youth and young adults struggle to access age-appropriate and affirming shelters and other living spaces. At the Commission's 2012 public hearings, LGBTQ youth and service providers reported that many youth feel safer sleeping outside or in abandoned buildings than in available shelters. As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in the street economy or other survival behaviors that put them at increased risk of involvement with the juvenile and criminal justice systems and of negative health and safety outcomes.

Massachusetts-specific data confirms the testimony the Commission has received. According to the Massachusetts Youth Risk Behavior Survey (MYRBS), 48 percent of homeless LGB students had experienced dating violence – compared to 29 percent of homeless heterosexual students, 26 percent of housed LGB students, and 8 percent of housed heterosexual students.⁷⁸ MYRBS data also indicates significantly higher rates of substance use, bullying, suicide attempts, and nonconsensual sex among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth.⁷⁹ Additionally, LGB youth are more likely than heterosexual youth to have ever been or gotten someone else pregnant, a factor that likely increases their need for services.⁸⁰

⁷⁷ Ray, *Lesbian, gay, bisexual, and transgender youth*.

⁷⁸ Goodenow, Carol. 2013. Homeless Sexual Minority Youth: What Are the Consequences?

⁷⁹ Ibid.

⁸⁰ Goodenow, *Prevention Needs*.

The Commission seeks to ensure that homeless LGBTQ youth are finding appropriate housing in safe settings that are responsive to their particular needs, including youth who have aged out of foster care or other state-based facilities. The Commission is especially concerned about the unmet needs of transgender populations, who are not currently covered under state non-discrimination laws in relation to public accommodations.

Expanded Recommendations

Resources

1. **Provide at least one private bathroom and shower space for safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.** Shelters serving homeless individuals and families should have LGBTQ-friendly living situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We encourage DHCD to support emergency shelters in providing the option of at least one private bathroom and shower space for the safety and privacy of LGBTQ youth, and to further recommend that youth have access to shared bathroom and changing facilities that are consistent with their gender identity. As is well documented, LGBTQ youth are frequently victims of sexual assault, bullying, ridicule, and physical violence. Testimony received by the Commission at statewide hearings spoke to safety concerns of LGBTQ youth staying in shelters, with several youth and providers reporting harassment by shelter staff and other clients. LGBTQ youth need the added privacy of a private bathing space to contribute to their physical wellbeing and emotional security.

Training

2. **Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.** Many unaccompanied LGBTQ youth have experienced family rejection, discrimination, harassment, and various forms of violence and victimization. LGBTQ young people utilizing services through DHCD need supportive staff who can offer affirming and trauma-informed services. Research indicates that LGBTQ youth are as or more likely than other youth to experience domestic violence,⁸¹ and data shows that homeless LGB young people are significantly more likely to experience dating violence than housed LGB youth and housed or homeless heterosexual youth.⁸² Studies also indicate that even a small change towards support and inclusion of LGBTQ youth achieves improved health and safety outcomes.⁸³ We also advise DHCD to collaborate with community-based organizations and state-funded providers, including those specializing in LGBTQ domestic violence services, to provide cultural competency

⁸¹ Dank, M., Lachman, P., Zweig, J.M. & Yahner, J. 2013. Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. *J Youth Adolesc.* doi: 10.1007/s10964-013-9975-8

⁸² Goodenow, *Homeless and sexual minority youth.*

⁸³ Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. 2009. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics* 123, 346-352.

trainings to staff and providers, and to partner with other state agencies on training initiatives where appropriate.

Policies and Guidance

3. **Explore opportunities to adapt the Family Unification Program to support LGBTQ populations.** The Family Unification Program (FUP) provides housing assistance to: (1) women who are survivors of domestic violence and their children who have been displaced and have not secured permanent, standard, replacement housing; (2) families with children in placement who have substantially complied with all the DCF service plan tasks, but do not have permanent or adequate housing to which their children can be returned; (3) families for whom lack of adequate housing is the primary factor in the threat of or imminent placement of the family's child or children in out-of-home care, and (4) youth that are at least 18 years old and not more than 21 years old who left foster care at the age of 16 or older and who lack adequate housing. Facilitating access to FUP for LGBTQ homeless youth and young adults receiving assistance would promote a safe transition either into their own space or ideally, back with their family. The inclusion of LGBTQ youth would strengthen the positive impact that FUP has had on Commonwealth families and individuals.

Executive Office of Labor and Workforce Development

Department of Career Services

The Department of Career Services (DCS) oversees the state's network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training. This is our first year issuing recommendations in the area of workforce development and we are eager to develop a relationship with Director Alice Sweeney and staff.

Department of Career Services Recommendations

1. Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.
2. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.

Background

LGBTQ youth are more likely to experience a number of risk factors, such as homelessness, unsafe educational environments, or involvement with the juvenile and criminal justice systems, that make obtaining employment more difficult. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color in particular at a disadvantage in preparing to enter the workforce. The repercussions of obstacles to obtaining employment often follow LGBTQ youth, particularly transgender young people and youth of color, into their adult years, as indicated by unemployment statistics suggesting that transgender adults and LGBTQ adults of color experience unemployment rates significantly higher than the national average.⁸⁴

Expanded Recommendations

Resources

1. **Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.** The Executive Office of Labor and Workforce Development's Strategic Plan lists increasing youth employment as a goal, with strategies including job readiness services for youth, strengthening connections to youth-serving organizations, and recruiting subsidized and unsubsidized jobs. We urge DCS to ensure the department is meeting the career readiness needs of LGBTQ youth, particularly those who have experienced homelessness, involvement with the juvenile justice system, or other risk factors that create barriers to successful entry into the workforce. We encourage DCS to partner with social service providers and employers to link LGBTQ youth with training and employment opportunities and to provide resources, such as workshops or job fairs, targeted at LGBTQ youth through One-Stop Career Centers. LGBTQ youth-serving organizations are strong potential partners for this work. The New

⁸⁴ Movement Advancement Project. (2013). *A Broken Bargain for LGBT Workers of Color*. Retrieved from <http://www.lgbtmap.org/file/a-broken-bargain-for-lgbt-workers-of-color.pdf>

York State Department of Labor has been active in partnering with LGBTQ youth homeless shelters and other providers to improve access to employment opportunities for LGBTQ youth, and we encourage DCS to rely on New York State as a model.

2. **Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.** The Commission’s “agency relations” model pairs a Commission liaison with one or more agency staff to address the meaningful inclusion of policies and practices responsive to LGBTQ youth, particularly through: the collection of data and conducting of assessments; the development and strengthening of LGBTQ-affirming resources; training to increase cultural competency of staff working with LGBTQ youth; and the development of stronger guidance, model policies, and best practices with regard to sexual orientation and gender identity. The Commission looks forward to collaborating with DCS in identifying opportunities for better serving LGBTQ youth and providing support to DCS in the development and implementation of policies, practices, programs, and resources.

Executive Office of Transportation
Department of Transportation

The Massachusetts Department of Transportation (MassDOT) provides the United States' safest and most reliable transportation system in a way that strengthens the state economy and quality of life as well as delivers excellent customer service to people who travel within Massachusetts.

The Commission is delighted to be collaborating with MassDOT for the first time to identify and address the needs of LGBTQ youth within public transit and infrastructure. In particular, we look forward to developing innovative solutions to accessibility barriers in collaboration with the MassDOT statewide mobility project and the Statewide Coordinating Council on Community Transportation, and to addressing the challenges faced by homeless LGBTQ youth in accessing identification cards.

MassDOT Recommendations

1. Conduct needs assessments with respect to transportation needs, barriers, or best practices with LGBTQ youth and LGBTQ community groups.
2. Integrate existing transportation resource inventories with interagency geomapping project to help youth more easily access services, and create resource inventories for regions without existing inventories.
3. Include community LGBTQ youth groups in MassDOT-facilitated regional networks and mobility management coordinating meetings.
4. Establish streamlined procedures at the Registry of Motor Vehicles to facilitate access to identification cards for unaccompanied homeless youth.

Background

A 2012 GLSEN report indicated that LGBTQ youth living in rural areas were significantly less likely to have access to community groups or programs providing affirming spaces and support services; only 30 percent of rural LGBTQ youth reported having access to such a group in their community compared to 51 percent of their urban counterparts.⁸⁵ These trends hold true in Massachusetts.

In 2012, the Commission held Public Hearings in Boston and Holyoke for LGBTQ youth, their families, and service providers across the state. In testimony in Western Massachusetts, youth and adult allies spoke of difficulty in accessing resources – and each other – due to a lack of public transit options. As one provider testified, “Communities like Holyoke are really isolated. There’s nowhere to get on the bus. Unless you’re downtown where everyone is, you’re not accessible to a youth. When you live in Holyoke and when you live in communities where there’s not a lot of transportation, you’re so much more isolated.”

⁸⁵ Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual and Transgender Students in Rural and Small Town Schools. Gay, Lesbian & Straight Education Network. Retrieved from <http://glsen.org/sites/default/files/Strengths%20%26%20Silences.pdf>

Isolation also emerged as a theme in focus groups that the Commission conducted with LGBTQ youth in Western Massachusetts in collaboration with the Executive Office of Health and Human Services following the hearings. Youth reported that they struggled to access spaces where they could find safety, support, and affirmation from other LGBTQ youth. Focus group participants also spoke to the difficulty of accessing local health resources and other service providers. Youth explained that they often resorted to unsafe transit options, including walking on roads without sidewalks or in areas where they feared being targeted for street harassment related to their sexual orientation or gender identity and expression.

Expanded Recommendations

Data Collection

1. **Conduct needs assessments with respect to transportation needs, barriers, and best practices with LGBTQ youth and LGBTQ community groups.** Following Public Hearings in 2012, the Commission held two focus groups with youth in western Massachusetts in the spring of 2013. In both focus groups, geographic isolation from other LGBTQ youth and an inability to access regional programs and services emerged as key themes. These anecdotes aside, the state does not have a clear assessment of the transportation needs of LGBTQ youth, particularly in rural areas. In order to evaluate whether existing transit infrastructure can meet the demonstrated needs of LGBTQ youth, we recommend that MassDOT work with school and community-based groups to collect data regarding barriers to accessing local and regional resources. Such an initiative should address knowledge of existing transportation resources and identify opportunities for improved service delivery or resource coordination. We suggest that MassDOT rely on LGBTQ youth-serving organizations such as the GLBT Youth Group Network of Massachusetts (AGLY Network) and the Massachusetts GSA Network in order to gather the information needed to effectively coordinate existing transit options and appropriately direct new resources.

Resources

2. **Integrate transportation resource inventories with interagency geomapping project to facilitate dissemination of information to service providers and LGBTQ youth.** The Commission is currently collaborating with agencies within the Executive Office of Health and Human Services and community partners to map services and resources available to LGBTQ youth across Massachusetts. This geo-map is intended to serve as both an internal toolkit and interactive resource guide for agency direct service staff as well as a resource for LGBTQ youth and their allies. We recommend that MassDOT expand existing inventories of regional transportation resources, develop such inventories where none exist, and share them with the Commission and partner agencies. Integration of these inventories with the LGBTQ resource map and database will maximize knowledge of local transportation options, thus enhancing the accessibility of culturally competent service providers to LGBTQ youth.

3. **Include LGBTQ youth groups in MassDOT-facilitated regional networks and mobility management coordinating meetings.** Given the reliance on public and community-operated transportation of LGBTQ youth when accessing local and regional resources, we recommend partnering with local LGBTQ youth-serving groups, including the AGLY Network and the Massachusetts GSA Network, in statewide mobility efforts to coordinate regional transportation initiatives. We urge MassDOT to gather input from LGBTQ youth and adult service providers in community discussions regarding meeting transportation needs, resource sharing, and establishing efficient regional transportation networks.
4. **Establish streamlined procedures at the Registry of Motor Vehicles to facilitate access to identification cards for unaccompanied homeless youth.** Identification (ID) cards are critical to obtaining employment and housing for many unaccompanied homeless youth, who are disproportionately likely to identify as LGBTQ. However, current application procedures pose serious challenges for youth experiencing homelessness and poverty. Unaccompanied homeless LGBTQ youth often lack access to multiple forms of supporting identification and documentation, may struggle to obtain a parental signature or to pay the application fee, and may not have transportation to a full-service regional branch office. We urge the Registry of Motor Vehicles (RMV) to establish procedures to facilitate access to ID cards for unaccompanied homeless youth, including: accepting one document to prove residence, date of birth, and signature; accepting additional types of documents to prove residence, including signed letters from social service providers on agency letterhead; allowing portions of the application to be completed over the phone; and working with counselors, educators, or advisors at homeless shelters, government agencies, and educational institutions to support homeless LGBTQ youth seeking to obtain ID cards. New York and Oregon have already instituted policies that facilitate access to ID cards for homeless youth. We urge MassDOT to investigate adopting similar policies in Massachusetts, using the recommendations of the American Bar Association and the National Network for Youth as a resource (see Homelessness Resources in Appendix). The Commission understands that current statutory requirements for ID cards under M.G.L. c. 90 s. 8E do include criteria for applicants to appear in-person to capture an image, secure signature, and verify identity. We encourage the RMV to work with appropriate internal divisions and the Commission to consider how best ID card for unaccompanied homeless youth could be realized. The Commission further suggests piloting such an initiative through one or two RMV branches. We would be glad to assist in collaboration between a branch and local LGBTQ youth-serving organizations.

4. RECOMMENDATIONS TO THE LEGISLATURE

The Massachusetts Legislature is unique among legislative bodies for its longstanding support of LGBTQ youth and their needs. In establishing the Commission as an independent agency in 2006, the Legislature reiterated that despite progress in the arenas of non-discrimination, marriage equality, and societal acceptance, the needs of this vulnerable population persist. The Commission is thankful for the continued support of the Legislature, particularly Senate President Murray, Speaker DeLeo, members of the LGBT Caucus, the Black and Latino Caucus, and dozens of other elected officials.

In 2013, the Legislature has again demonstrated a firm commitment to LGBTQ youth. In particular, we applaud the expansion of the anti-bullying law's definition of bullying to include school personnel. In light of disproportionate rates of involvement with the criminal justice system for LGBTQ youth, we were similarly pleased by the passage of An Act to Expand Juvenile Jurisdiction, a law that raised the age for defendants treated as juveniles to age 18. We are also grateful to the Legislature for doubling the resources provided to the Commission, thus expanding our capacity to promote full implementation of the state's anti-bullying and gender identity laws in schools.

Since our enactment in 2006, we have relied on the enduring support of the Legislature. We look forward to further collaboration on several key initiatives to create safer schools and communities in the year ahead.

Legislative Recommendations

1. HB 135: Support An Act Providing Housing and Support Services to Unaccompanied Homeless Youth to expand critical housing and support services for unaccompanied homeless youth as recommended by the Special Commission on Unaccompanied Homeless Youth.
2. HB 154: Support protections from abusive conversion therapy practices as per An Act Relative to Abusive Practices to Change Sexual Orientation and Gender Identity in Minors.
3. HB 1589: Pass legislation for gender identity protections in public accommodations as laid out in the Equal Access Bill.
4. HB 3721: Expand the anti-bullying law to include enumerated categories, data collection, and further clarification on policy intervention by passing An Act Relative to Bullying in Schools.
5. HB 3793: Support An Act Relative to Healthy Youth to mandate that public schools offering sexual health education provide age-appropriate and medically accurate information.

Expanded Recommendations

1. **HB 135: Support An Act Providing Housing and Support Services to Unaccompanied Homeless Youth to expand critical housing and support services for unaccompanied homeless youth as recommended by the Special Commission on**

Unaccompanied Homeless Youth. Estimates suggest that up to 40 percent of unaccompanied homeless youth in the U.S. are LGBTQ.⁸⁶ These youth face a severe shortage of age-appropriate and culturally competent shelter and housing services and are at significantly higher risk than their housed peers for dating violence, substance use, bullying, suicide attempts, and nonconsensual sex.⁸⁷ If enacted, the Homeless Youth Bill will ensure that homeless LGBTQ youth can access appropriate and affirming services that provide them with pathways out of homelessness. This legislation will provide a range of housing accommodations for unaccompanied homeless youth based on individual need, including options such as emergency shelters, short-term housing, home placements, assistance with family reunification, and transition assistance to independent living programs. Additionally, this legislation will provide education, employment, and health care services. This bill is critical to addressing the immediate, short-term, and long-term housing gaps that continuously plague homeless and unaccompanied youth. We urge the Legislature to pass this bill with adequate accompanying resources needed to make it effective.

2. **HB 154: Support protections from abusive conversion therapy practices as per An Act Relative to Abusive Practices to Change Sexual Orientation and Gender Identity in Minors.** Alarming, some health care providers continue to treat same-sex attraction and gender identity as disorders, despite the opposition to conversion therapy from major health care organizations (including the American Psychological Association, American Academy of Pediatrics, National Association of School Psychologists, National Association of Social Workers, and National Education Association). The American Psychological Association created a task force to review therapeutic responses to sexual orientation and found that conversion therapy is not only ineffective but also causes harm, including significant emotional and spiritual distress and negative self-image.⁸⁸ As filed, HB 154 will prohibit this abusive treatment for minors and ensure that youth are treated in an affirming and supportive manner. California and New Jersey have already passed laws banning conversion therapy and several other states have similar legislation pending, including Pennsylvania, New York, Ohio, and Florida, as well as Washington, D.C.
3. **HB 1589: Pass legislation for gender identity protections in public accommodations as laid out in the Equal Access Bill.** In Massachusetts, access to public accommodations remains uncertain for transgender youth and adults, due to lack of protection from discrimination in areas of public accommodation. Data shows that transgender people in the United States experience disproportionate levels of discrimination in public accommodations. Within Massachusetts, 58 percent of transgender individuals reported experiencing verbal harassment or disrespect in a place of public accommodation, and 22 percent reported being denied equal treatment by a

⁸⁶ Ray, *Lesbian, gay, bisexual, and transgender youth*.

⁸⁷ Goodenow, *Homeless Sexual Minority Youth*.

⁸⁸ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association.

government agency or official.⁸⁹ Extending nondiscrimination protections to transgender individuals is critical to securing access to vital medical service locations, such as hospitals, dental offices, clinics, pharmacies and nursing homes, as well as areas necessary in daily life including: hotels and resorts; retail establishments such as grocery stores, shopping centers and rental car agencies; entertainment venues such as movie theaters, concert halls, sports arenas, and stadiums; social institutions such as libraries and museums; service establishments such as gas stations and banks; and all public areas including but not limited to highways, public streets, sidewalks, and offices of state and local government. We urge Massachusetts to join the 16 other states and Washington, D.C. that have prohibited discrimination on the basis of gender identity in public accommodations by passing the Equal Access Bill.

4. **HB 3721: Expand the anti-bullying law to include enumerated categories, data collection, and further clarification on policy intervention by passing An Act Relative to Bullying in Schools.** Widespread bullying and harassment continue to make Massachusetts schools unsafe for many LGBTQ students. According to the 2011 Massachusetts Youth Risk Behavior Survey (MYRBS), 33.5 percent of lesbian, gay, and bisexual (LGB) students reported having been bullied in the past year, compared to 17 percent of other students.⁹⁰ Ensuring safe school environments free from bullying and harassment is vital to the health, safety, and education of all young people. Bullying can cause serious health effects to victims, such as anxiety, sleep difficulty, depression, and other physical, social and emotional ailments. By specifically addressing characteristics such as sexual orientation and gender identity, An Act Relative to Bullying in Schools ensures that schools address issues of safety and wellbeing for those students who are most vulnerable to bullying. Research suggests that schools with enumerated policies protecting LGBTQ youth see lower levels of victimization for LGBTQ students, greater levels of interventions by staff, and students who are more likely to report harassment and assault to staff.⁹¹ If enacted, the bill also would enable collection of data that would assess whether state policies are successful in making schools safer.
5. **HB 3793: Support An Act Relative to Healthy Youth to mandate that public schools offering sexual health education provide age-appropriate and medically accurate information.** Access to comprehensive sexual health education is vital to the wellbeing of all young people, including those who identify as LGBTQ, yet data suggests that many Massachusetts youth lack the information they need to make informed decisions. In Massachusetts, 42 percent of high school students are sexually active and only 58 percent of students reported using a condom during their last sexual encounter.⁹² The consequences of insufficient or inaccurate information are serious: young gay men

⁸⁹ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, & Mara Keisling. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

⁹⁰ Goodenow, *Prevention needs*.

⁹¹ Kosciw, Joseph G. et al. (2010). The 2009 national school climate survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. GLSEN. Full report available at: <http://www.glsen.org/cgi-bin/iowa/all/news/record/2624.html>

⁹² U.S. Department of Health and Human Services. "Massachusetts Adolescent Reproductive Health Facts." Office of Adolescent Health. Reproductive Health. 2 January 2013. Web. 7 May 2013.

currently comprise the highest rate of new HIV infections, and research by the Centers for Disease Control explicitly states that the increased risk of HIV infection among young gay men is the result of inadequate access to appropriate health information.⁹³ However, student surveys tell us that fewer students are learning about HIV/AIDS in school than they were just 10 years ago. In 2011, only 84 percent of Massachusetts students reported that they received information about HIV/AIDS in school and only half (49 percent) of students reported being taught in school how to use a condom.⁹⁴ Research shows that providing medically accurate, age-appropriate sexual health education helps young people stay healthy by providing vital information about abstinence and delayed sexual activity, effective contraception use, prevention of pregnancy and disease, and the skills needed to form healthy, respectful relationships, communicate with others, and make healthy decisions. HB 3793 would better ensure that students in schools that choose to offer sexual health education receive information that is age-appropriate, medically accurate, and appropriate for students regardless of gender, race, disability status, or sexual orientation.

⁹³ Centers for Disease Control. (2012). Vital Signs: HIV Infection, Testing, and Risk Behaviors Among Youths - United States. MMWR, 61

⁹⁴ Massachusetts Department of Elementary and Secondary Education & Massachusetts Department of Public Health. (2012). 2011 Health and Risk Behaviors of Massachusetts Youth (2011). *Retrieved from* <http://www.doe.mass.edu/cnp/hprograms/yrbs/2011Report.pdf>

APPENDIX

GLOSSARY OF TERMS

Gender Identity Minority, Transgender, and Gender-Nonconforming Youth: Transgender is an umbrella term that includes youth who transition (or aspire to transition) from one gender to another, and/or gender non-conforming youth – defined as youth who defy social expectations of how they should look, act, or identify based on the gender associated with their birth sex. This includes a range of people, including: male-to-female (MTF) or female-to-male (FTM) transgender/transsexual youth, as well as youth whose gender identity (how they identify their own gender) or expression (how they express their gender identity) differs from conventional expectations of masculinity or femininity.⁹⁵

LGBTQ, or Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning: The acronym “LGBTQ” is intended to represent all sexual minority and transgender/gender non-conforming youth. We recognize that this term should not be read to suggest only youth or students identifying as LGBTQ, but also include youth or students who would be represented by broader measures such as orientation, same-sex sexual behavior, or nontraditional gender presentation. We believe that a broader understanding of these terms takes into account the complexity of sexual and gender identity development and allows for more culturally specific descriptions of populations than a reliance on identity alone.

Lesbian, Gay, and Bisexual (LGB): When using the signifier LGB, the Commission intends to refer to all sexual minority youth, not just by identity or behavior per se. This also includes youth who may not have a fully developed sexual identity. In some cases, LGB is intentionally used to refer to sexual minority youth exclusively, often when data for transgender and gender non-conforming youth is not available.

Sexual Minority Youth: Sexual minority youth consist of young people who identify themselves as gay or lesbian (e.g. individuals whose primary sexual/emotional connections are to people of the same gender) or bisexual (e.g. individuals whose sexual/emotional attraction and connections are not limited to one gender or the other), as well as youth who do not ascribe to these identity labels, but engage in same-gender sexual or romantic behavior.

Queer: Queer is an umbrella term that includes anyone who wants to identify as queer and who somehow feels outside the societal norms in regards to gender identity, sexual orientation, and sexual/romantic behaviors. The term may also serve as a political statement that advocates breaking gender and sexual binaries.

Questioning: This term is used to describe a person who questions their sexual orientation or gender identity and does not necessarily self-identify as LGBT or queer.

⁹⁵ Massachusetts Transgender Political Coalition. (2007). Transgender 101. Retrieved from <http://www.masstpc.org/about/transgender-101/>

Youth: While we respect the definitions of youth used by individual agencies, we use the term here broadly to refer to minors under the age of 18 as well as to young people in early adulthood. We further recognize that all young people may or may not identify themselves as “youth.”

Youth of Color: The Commission defines youth of color broadly, to include those groups that have specific and longstanding relationships with systems of racial or ethnic-based oppression, exploitation, and/or marginalization in the United States. Included in this population are both youth of color (e.g. non-white youth) as well as white-Hispanic youth and/or youth from other minority ethnic or cultural backgrounds that position them as more likely to experience racist or classist oppression.

RESOURCES

Cultural Competency Resources

- Massachusetts Transgender Political Coalition’s trainings and workshops, sessions designed to promote understanding of transgender communities and relevant issues
- The Network / La Red’s Open Minds, Open Doors project, a guide to transforming domestic violence programs to include LGBTQ survivors
- Larkin Street Stories, a three-part video series that offers tips on best practices for providers serving homeless LGBTQ youth and their families
- www.FindYouthInfo.gov, a cross-cutting federal website on youth issues
- Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families, Georgetown University.

Foster Care Resources

- Federal Administration for Children and Families Information Memorandum with training and resources for LGBTQ youth in foster care; ACF endorses new practice guidelines on LGBTQ youth in foster care, from Lambda Legal, available at <http://www.acf.hhs.gov/sites/default/files/cb/im1103.pdf>
- Child Welfare League of America’s “A Place of Respect”, a guide for group care facilities serving transgender and gender-nonconforming youth
- Human Rights Campaign’s All Children, All Families initiative, which seeks to enhance LGBTQ cultural competence among child welfare professionals and to educate LGBTQ individuals about becoming foster or adoptive parents
- Strategies for Recruiting Lesbian, Gay, Bisexual, and Transgender Foster, Adoptive, and Kinship Families on adoptuskids.org
- Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care, a train-the-trainer manual for social workers by the National Association of Social Workers and the Lambda Legal Defense and Education Fund
- Family Acceptance Project assessment tools, designed to assess family rejection and health risks for LGBTQ youth
- New York City Administration for Children’s Services policy for LGBTQ youth and families within the child welfare system, which includes procedures for family prevention services

- National Law Center on Homelessness and Poverty and National Network for Youth’s “Alone without a Home,” which contains a state-by-state description of youth emancipation laws, along with recommendations on how to construct an emancipation process that protects the rights and best interests of minors

Health Resources

- Institute of Medicine’s 2011 report entitled *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.
<http://www.ncbi.nlm.nih.gov/pubmed/22013611>
- The World Professional Association for Transgender Health’s *2012 Standards of Care for Transgender, Transsexual, and Gender Nonconforming People*. Wpath.org
- Health care: Fenway Institute’s *Guide to Lesbian, Gay, Bisexual, and Transgender Health*, which provides medical professionals with guidance, practical guidelines, and clinical issues relevant to the LGBT community.
<http://www.lgbthealtheducation.org/publications/top/>.
- The Joint Commission Field Guide, which includes in the appendix a substantial list of further resources for improving health and health care outcomes for LGBTQ youth.
<http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>
- New York City Health and Hospitals Corporation now has a mandatory training program for all public healthcare programs, to reduce health disparities in LGBTQ populations
- Fenway Health and the National LGBT Health Education Center provide free Learning Modules and Training Webinars on LGBT Health regarding healthcare for LGBTQ populations: <http://www.lgbthealtheducation.org>.
- Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff. National LGBT Health Education Center.
http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf
- The Center of Excellence for Transgender Health holds a biannual transgender health summit, hosts transgender health provider protocol, and publishes guidelines and reports on transgender health. transhealth.ucsf.edu/

Juvenile Justice Resources

- Arrested Futures: The Criminalization of School Discipline in Massachusetts’ Three Largest School Districts, from American Civil Liberties Union & Citizens for Juvenile Justice, 2012. This report includes recommendations for reducing youth interaction with the juvenile justice system, including addressing the disproportionate use of arrest against youth of color and students with disabilities
- New York State Office of Children and Family Services policy, which commits to provide LGBT youth in residential and after-care programs with a safe and discrimination-free environment
- Equity Project’s Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts, which includes recommendations for facilities, policymakers, and others, in chapter 10

Education Resources

- Quabbin Mediation's Training Active Bystanders program, a peer-education model designed to teach students and educators safe intervention techniques and to build community ties
- Stopbullying.gov, a national website with new resources on bullying and LGBTQ youth
- Fair Education Act, the California law requiring the inclusion of LGBTQ individuals in the history curriculum; bill text available at http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0001-0050/sb_48_bill_20110714_chaptered.pdf
- Williams Institute legislative and policy recommendations on school climate, curriculum and pedagogy, and school sports
- LGBT Issues in the Curriculum Promotes School Safety (California Safe Schools Coalition Research Brief No. 4), which contains information on the inclusion of LGBT issues in the curriculum and on school climate
- Lessons That Matter: LGBTQ Inclusivity and School Safety (Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14), which considers the impact of including LGBT issues in the curriculum and has recommendations for students, staff, administrators, and community members
- Ready, Set, Respect, for elementary educators on teaching respect and diversity
- GLSEN school climate survey (2011), a report that details the indicators and impact of a hostile school climate and of positive interventions
- GLAD: Got Rights, a collaborative project between GLAD and BAGLY that features a video and workshop on LGBTQ student rights
- Cianciotto, J. & Cahill, S. (2012). LGBT youth in America's schools. University of Michigan Press. Social science research and best practices for working with youth in schools.

Homelessness Resources

- Homelessness. Massachusetts Transgender Political Coalition. <http://www.masstpc.org/issues/homelessness/>
- Mottet, L., & Ohle, J. (2003). Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People. New York: The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute. <http://www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf>
- The American Bar Association and the National Network for Youth's "Runaway and Homeless Youth and the Law: Model State Statutes", which includes model policies for facilitating youth access to identification cards: http://www.americanbar.org/content/dam/aba/publications/division_for_public_services/ABA_Runaway_eBook.authcheckdam.pdf

Immigration Resources

- Immigration Equality: a national organization dedicated to immigration issues affecting LGBTQ people. <http://immigrationequality.org>

- The Network La Red: a survivor-led, social justice organization that works to end partner abuse in LGBTQ communities. <http://tnlr.org>
- Heartland Alliance's Rainbow Welcome Initiative: a project supporting the resettlement of LGBTQ refugees and asylees. <http://www.rainbowwelcome.org>

Labor Resources

- New York State's Department of Labor's employment initiative for at-risk homeless LGBTQ youth. <http://labor.ny.gov/pressreleases/2013/june-4-2013.shtm>

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